

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13087

File No. 337

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1. PLACE OF DEATH

County Laurence
Township Aurora
City Aurora (No. _____)

Registration District No. 467
Primary Registration District No. 4208

Registered No. _____
St. _____ Ward _____

2. FULL NAME Post Lee Skiff

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Mo.

13. NAME Willie Skiff

14. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY) _____

15. MAIDEN NAME Alera Garbin

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) _____

17. INFORMANT Willie Skiff (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem. DATE 4/11 1932

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED _____ 19 _____ R. D. Smart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932 to Apr 11 1932
I last saw him alive on Apr 8 1932 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

meningitis (hemorrhagic) (gastric-intestinal cause)
18913
156

Date of onset 4-1-32

Other contributory causes of importance: 79 W

Name of operation _____ Date of _____
What test confirmed diagnosis? culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. N. Townsend M. D.
(Address) Aurora Mo.

Every minor informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1932

