WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information 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.

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

Do not use this space.

22924

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No. 28315
City KANSAS CITY (No. MENORAH HOSPITAL St. Ward)

2. FULL NAME CHARLES GRIGGS SKILLMAN
(a) Residence, No. 323 BRUSH CREEK St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ALICE SKILLMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-24-1842

7. AGE: YEARS 89 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINISTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BAPTIST
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) LEXINGTON 2
(STATE OR COUNTRY) KENTUCKY

FATHER
13. NAME SKILLMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 31

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT A. B. LOVAN
(ADDRESS) WHITE HALL APTS-323 BRUSH CREEK

18. BURIAL, CREMATION, OR REMOVAL
PLACE SPRINGFIELD, MO. DATE JULY-21 1932

19. UNDERTAKER L. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 20, 1932 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1932, to 7-19-, 1932
I last saw him alive on 7-19-, 1932. Death is said to have occurred on the date stated above, at 7:25 P.m.
The principal cause of death and related causes of importance were as follows:

Cardio-Renal insufficiency, 95B 137 95B (1)

Date of onset 7-15-32

Other contributory causes of importance:
Enlarged prostate

Name of operation — Date of —
What test confirmed diagnosis? lab 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? —
If so, specify —
(Signed) F. M. McCallum, M. D.
(Address) 1019 Argyle.

1019 Argyle Bldg.
10-12; 1-4