

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

Do not use this space.

40705

1. PLACE OF DEATH
 67 County Miss Registration District No. 566
 Township Sy wafferty Primary Registration District No. 5762
 City (No. _____) St. _____ Ward _____

2. FULL NAME Caledonia Skell
 (a) Residence, No. Charlston No RFD 7 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Bl 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Skell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Born 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 22 — — —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walls Miss
 13. NAME Jim Wells
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 15. MAIDEN NAME Lucy Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 17. INFORMANT L V Huff (ADDRESS) Charlston Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove County DATE Dec 17th 1932
 19. UNDERTAKER Private (ADDRESS) _____
 20. FILED Dec 17th 1932 J A Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17th 1932
 22. I HEREBY CERTIFY, That I attended deceased from out not home a doctor 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 17 March 10 mo
Influenza
 Other contributors/ causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Family history Was there an autopsy? _____
 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) Frank A Vernon, M. D.
 (Address) Charlston Mo

MARGIN RESERVED FOR BINDING
 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.

ALL 27 1932

V. S. NO. 2

