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.

MAY 22 1933

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

Do not use this space.

13984

1. PLACE OF DEATH

69 County Monroe — Registration District No. 581 — File No.

Township Monroe — Primary Registration District No. 5778 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Levi Mortimer Skinner

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 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 Betty Skinner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21st 1854

7. AGE — YEARS: 78 — MONTHS: 5 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Randolph Co Mo.

FATHER

13. NAME E. L. Skinner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER

15. MAIDEN NAME Tursey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) W. L. Skinner Monroe City, Mo. Route 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridings Cemetary Randolph Co. DATE April 8th 1933

19. UNDERTAKER (ADDRESS) Wilson + Son Monroe City Mo

20. FILED 4/7th 1933 O. W. Wilson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29th 1933, to Apr 5th 1933

I last saw him alive on Mar 31st 1933. Death is said to have occurred on the date stated above, at 4 25 p.m.

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

Acute dysentery — Date of onset: Thought Mar 25th 1933

13C

16C

Other contributory causes of importance: Senility

Name of operation — Date of

What test confirmed diagnosis? — 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) [signature] M. D.

(Address) Monroe City Mo