

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

Do not use this space.

33851

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Cross Primary Registration District No. 4359
City Rices (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Nancy Skaggs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1861-2-11</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>8</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Timber Worker - hauling logs</u>			
	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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	13. NAME <u>Si Skaggs</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	15. MAIDEN NAME <u>unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	17. INFORMANT <u>Nancy Skaggs</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma mo</u> DATE <u>Oct 28</u> 19 <u>33</u>				
19. UNDERTAKER <u>R C Knight</u> (ADDRESS) <u>Parma mo</u>				
20. FILED <u>Nov 1</u> 19 <u>33</u> <u>Dr. Geo. W. Husted</u> Registrar. <u>By 27-7-13.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:45 m.

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

myocarditis
930 93001
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis history 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 Groundskeeper (Registrar)

(Signed) Parma mo, M. D.

(Address) _____

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.

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MISSOURI STATE BOARD OF HEALTH - PERMANENT RECORD

