

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

Do not use this space.

38824

1. PLACE OF DEATH

County Stoddard Registration District No. 824
Township New Lisbon Primary Registration District No. 6103
City (No.) St. Ward)

2. FULL NAME

George A. Skelton
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Marie G. Skelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-24-1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>		
MOTHER / FATHER	13. NAME <u>Reuben Skelton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT (ADDRESS) <u>Ben F. Baker Cuba, R #1 Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>at home</u> DATE <u>Nov 11 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Spiegel Undertaking Stoddard Co. Mo.</u>		
20. FILED <u>12-10-</u> 19 <u>33</u> <u>W. M. Keary</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Juan S. 1932 to Nov 8 1933
I last saw him alive on Nov 9 1933 Death is said to have occurred on the date stated above, at 102 m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset
92A
94A

Other contributory causes of importance
Diabetes

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) E. S. Edwards, M. D.
(Address) Stoddard Co. Mo.

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.

JAN 4 1934

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