FEB 27 1934

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

Do not use this space.

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1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Campbell — Primary Registration District No. 2001 — Registered No. 17
City Springfield (No. 942 S. Robberson St. Ward)

2. FULL NAME Jas Edward Skillens
(a) Residence, No. 942 So Robberson St., Ward.
(Usual place of abode) 942 (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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1 - 1933
7. AGE: YEARS — MONTHS: 11 — DAYS: 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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): Mo

FATHER
13. NAME: Milton Skillens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Francis Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Milton Skillens 942 So. Robberson ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE 1 - 9 1934
19. UNDERTAKER (ADDRESS): W. P. Campbell 869 Nash ave
20. FILED 1 - 9 1934 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1934 2:30 A.M.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 8, 1934
I last saw him alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:
Influenza — Date of onset
Broncho-Pneumonia
Name of operation: None — Date of
What test confirmed diagnosis? — 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) W. H. Burke M. D.
(Address) Springfield Mo 214 N Jefferson

Dr Burke 214 N Jefferson

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.

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