

JUN 19 1934

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

Do not use this space.

16961

2330

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. 1407 EAST 8TH) St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME MRS. CARRIE SKINNER(a) Residence, No. 1407 EAST 8TH St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 50 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS SKINNER6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 6 - 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 198. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. AT HOME

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) LEAVENWORTH KANSAS13. NAME DOWNING14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT MRS. CARRIE TRIPP
(ADDRESS) 1407 EAST 8TH ST18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE May 28 193419. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.20. FILED 5-26, 19 34 man Crow
and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 25 193422. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to May 25 1934I last saw her alive on May 25 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Mitral Stenosis Date of onset 12:3392A
77

Other contributory causes of importance:

AtherosclerosisName of operation _____ Date of _____
What 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) John H. Evans, M. D.(Address) 804 Orange

804. Argyle Bedg

1:30 - 4:30