

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

Do not use this space.

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township Moberly Primary Registration District No. B.034
 City Moberly (No. 601 Simpson Ave) St. _____ Ward _____
 2. FULL NAME William Skinner
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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.

File No. 26036
 Registered No. 119

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 8 28
 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. Labourer
 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) Macon Mo.

13. NAME Arthur Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) macon mo.

15. MAIDEN NAME Mally Waller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) macon mo.

17. INFORMANT A. S. Skinner (ADDRESS) macon

18. BURIAL, CREMATION, OR REMOVAL near macon

PLACE Breadship DATE July 4 1934

19. UNDERTAKER Albert Skinner (ADDRESS) macon mo.

20. FILED 7/5 1934 Virginia Calder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934

22. I HEREBY CERTIFY That I attended deceased from Carson Ave dead while called

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

to have occurred on the date stated above, at 1: A.m.

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

Somewhat wounded with a .25 caliber pistol shot in back and shoulder Date of onset _____

Other contributory causes of importance:

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? Accident Date of injury 7/2 1934

Where did injury occur? in Moberly on Simpson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home at another person

Manner of injury shot in back

Nature of injury shot in back shoulder pistol

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Maury R. Moore Registrar.

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.

AUG 10 1934

89
67
1

22

1
1
1

OCT 9 - 1942

OCT 16 1942