

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

Do not use this space.

NOV 22 1934

28807

1. PLACE OF DEATH

County Dallas Registration District No. 47 File No. _____
 Township Washington Primary Registration District No. 3512 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Armpa I Skinner

(a) Residence, No. _____ St. _____ Ward _____
 (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>Lucy a Skinner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>2</u>
		<u>18</u>
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>Mason Co. Mo</u>		
13. NAME <u>Sidney Skinner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Sally Sweet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Lucy a Skinner</u> (ADDRESS) <u>Conway, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion</u> DATE <u>8/4</u>		
19. UNDERTAKER <u>W.E. Holman</u> (ADDRESS) <u>Bellevue Mo</u>		
20. FILED _____, 19____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-31- 1934 to 8-2- 1934
 I last saw him alive on 7-31- 1934 Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

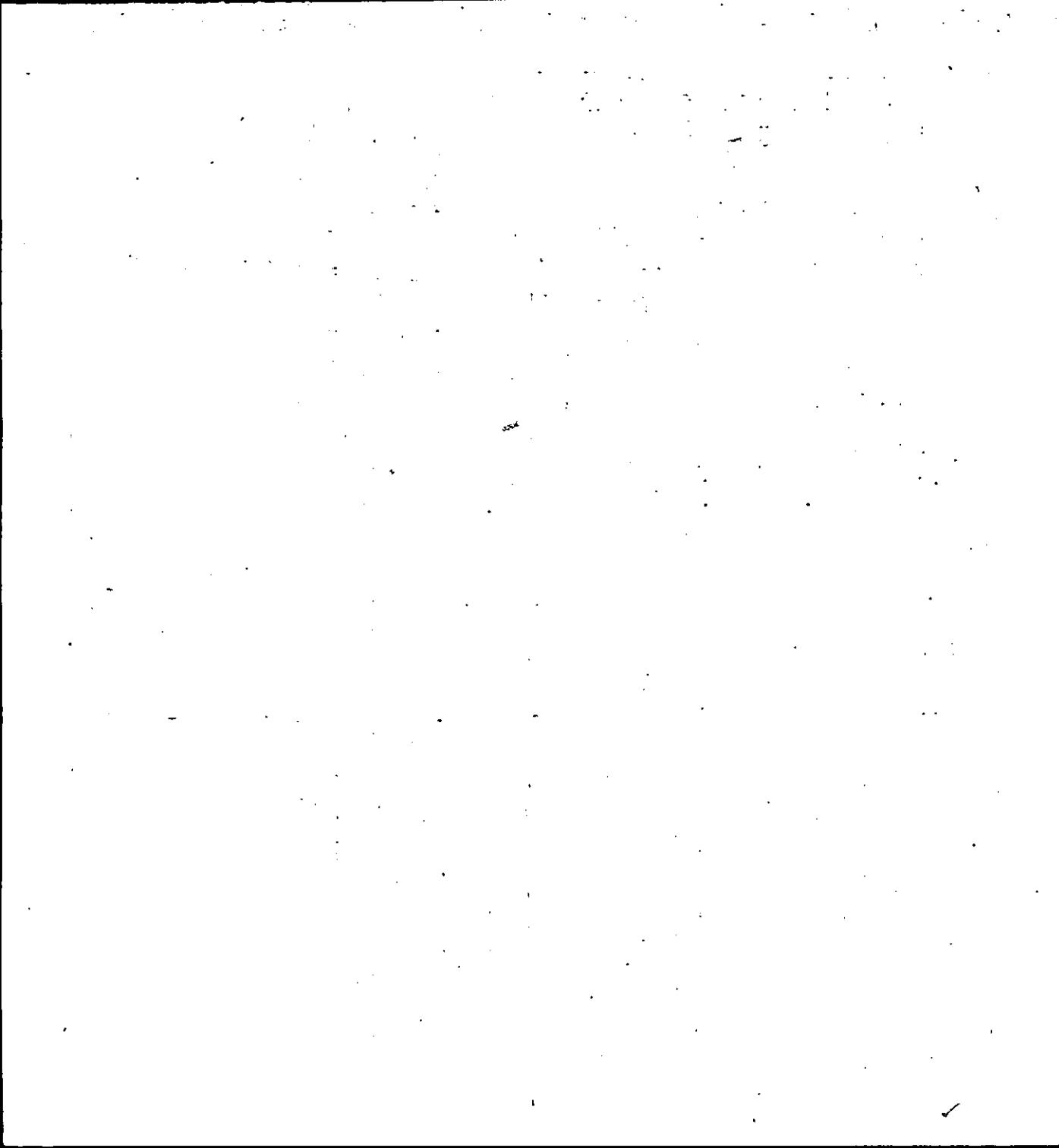
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) O. C. Buege M. D.
 (Address) Conway, Mo.

Registrar

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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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Wash
City..... (No. St. Ward)

Registration District No. 247
Primary Registration District No. 5342

File No.
Registered No. 14

2. FULL NAME

(a) Residence, No. Ames I Skinner St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deeey a Skinner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Macon Co. Mo

13. NAME Delney Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville

15. MAIDEN NAME Sally Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don Snow

17. INFORMANT (ADDRESS) Deeey a Skinner

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason DATE 874 1934

19. UNDERTAKER W. C. Halmer (ADDRESS) Centerville Mo

20. FILED 12-27 1934 W. C. Halmer Registrar

MEDICAL CERTIFICATE OF DEATH

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Name of operation Date of

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23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) O. G. Denage M. D.
(Address) Centerville Mo

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SUPPLEMENTARY

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