

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

County Nickaragosa Registration District No. 360
Township Hermitage Primary Registration District No. 5-505-
City Wheatland, Mo. St. _____ Ward)

File No. 35845
Registered No. _____

2. FULL NAME

Dorthea Faye Skinner
(a) Residence, No. Wheatland, Mo. St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 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) Nov. 19-1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>11</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Wheatland Mo

MOTHER FATHER 13. NAME Ed Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheatland Mo

15. MAIDEN NAME Margie Blackwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheatland Mo

17. INFORMANT Ebene Skinner (ADDRESS) Wheatland, Mo

18. BURIAL, CREMATION, OR REMOVAL Burial at PLACE Hermitage Cem DATE Oct 30 1934

19. UNDERTAKER J. R. Luckey (ADDRESS) Wheatland

20. FILED Oct 31, 1934 Albert Crouch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934, to Oct 29, 1934
I last saw her alive on Oct 29, 1934. Death is said to have occurred on the date stated above, at 9:00 p. m.

The principal cause of death and related causes of importance were as follows:
Acute Rheumatic Fever Date of onset _____

Other contributory causes of importance: 56 50%

Name of operation None Date of _____
What test confirmed diagnosis? Gram 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) J. L. Johnston, M. D.
(Address) Wheatland, Mo.

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

