

NOV 8

1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madaway
 Township Marion
 City Skidmore, Mo. (No. _____)

Registration District No. 630
 Primary Registration District No. 4380

File No. 36848
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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 Female 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 Phillip Bender

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1842

7. AGE YEARS 92 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio

13. NAME Alexander Skidmore

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

15. MAIDEN NAME Sarah McC Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Cordelia Bodle (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Skidmore, Mo. DATE 10-27 1934

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Skidmore, Mo.

20. FILED Oct. 27, 1934 Dr. J. C. Manning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934, to Oct 25 1934

Last saw him alive on Oct 25 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Hypertrophy of heart 7/15/33
9562

Other contributory causes of importance:
Atherosclerosis (estimated) 6-7-34
Insane past 5 years

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 L

Nature of injury _____

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

If so, specify _____ (Signed) H. E. Thompson M. D.
 (Address) Skidmore, 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.

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