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.

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

JAN 11 1935

605

Do not use this space.

43809

1. PLACE OF DEATH
County New Madrid
Township Como
City Risco
Registration District No. 605 ~~4359~~
Primary Registration District No. 4359
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Mary Skinner
(a) Residence, No. Risco 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 6 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lee Skinner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1900

7. AGE YEARS 33 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Dec 6-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss.

FATHER
13. NAME Eli Sylvester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

MOTHER
15. MAIDEN NAME Molly Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Lee Skinner Risco Mo. Husband

18. BURIAL, CREMATION, OR REMOVAL
PLACE Risco, Mo DATE Dec 20, 1934

19. UNDERTAKER (ADDRESS) Hill Bros Gilbourn, Mo

20. FILED Dec 20, 1934 Dr. Geo W Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934, to Dec 19, 1934
I last saw her alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 5-15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-15-34
Toxemia & Myocardial Failure	12-18-34

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Phys. Exam 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) G. F. Brookreson, M. D.
(Address) Parma Mo.