

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

Do not use this space.

10246

97 APR 29 1934

1. PLACE OF DEATH

County Palla Registration District No. 930
Township Saline Primary Registration District No. 5962
City (No.) St. Ward (.....)

2. FULL NAME Amanda Skults

(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 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter A. Skults</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 - 1845</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>89</u>	<u>3</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>.....</u> <u>C</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Springfield -

FATHER 13. NAME John Anderson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know -

MOTHER 15. MAIDEN NAME Nancy Evans

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT Mrs. Edna Floyd
(ADDRESS) Huntington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Funeral Home DATE 3-24-34

19. UNDERTAKER Wilson & Son
(ADDRESS) Monroe City, Mo.

20. FILED 3-24-1934 J. E. Floyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 22 1935

22. I HEREBY CERTIFY That I attended deceased from June 19 29 1935 to Mar 22 1935
I last saw h. e. alive on March 21 30 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Chronic Myocarditis Date of onset 1928

Other contributory causes of importance:
arterio-sclerosis 1928

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Yes 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) John S. Webb M. D.
(Address) Monroe City, Mo.

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.

