

AUG 15 '935

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

Do not use this space.

12380-a

1. PLACE OF DEATH

30 County Dallas Registration District No. 247
Township Washington Primary Registration District No. 5342
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 102. FULL NAME Luey W. Skinner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amos J. Skinner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1857
7. AGE YEARS 77 MONTHS 8 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.
13. NAME J. B. Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.
15. MAIDEN NAME Jannie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent. Know

17. INFORMANT Jeff Skinner
(ADDRESS) Jeffersonway mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marlin DATE 4/30 35
19. UNDERTAKER W. E. Halman
(ADDRESS) Jeffersonway mo
20. FILED 8-10-1935 Halman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29 193522. I HEREBY CERTIFY, That I attended deceased from 4-15, 1935, to 4-29, 1935

I last saw her alive on 4-28, 1935 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Jeff Skinner M. D.(Address) Jeffersonway 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.

