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.

AUG 22 1935

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

Do not use this space.

25420

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Breton — Primary Registration District No. 6179 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Minnie Mable Skiles

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mont Skiles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1903
7. AGE YEARS 32 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Potosi, Mo

FATHER
13. NAME Andrew Devine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

MOTHER
15. MAIDEN NAME Neeley Nash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) this County

17. INFORMANT (ADDRESS) Mont Skiles
18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo DATE July 16 1935
19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi Mo
20. FILED July 30, 1935 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 14, 1935. I last saw her alive on July 14, 1935. Death is said to have occurred on the date stated above, at 24 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
following Influenza	

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) G. F. Cresswell, M. D.
(Address) Potosi Mo