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.

SEP 26 1935

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

Do not use this space.

27422

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 60184 — Registered No. 112

~~Near City~~ Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME A. H. Skaggs,

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

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: Emma Merrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2, 1857

7. AGE: Years 78 — Months 4 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lebanon Kentucky

FATHER

13. NAME: J. H. Skaggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hodginsville Ky.

MOTHER

15. MAIDEN NAME: Nancy J. Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hodginsville Ky.

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Naylor, Mo. DATE: Aug. 9, 1935

19. UNDERTAKER (ADDRESS): Gish Undertaking Co. Naylor, Mo.

20. FILED: Aug 8, 1935 — B. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1935, to Aug 8, 1935

I last saw him alive on Aug 8, 1935. Death is said to have occurred on the date stated above, at 12 55 P.M.

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

Generalized Arteriosclerosis — Date of onset

Other contributory causes of importance:

Senile mental changes and Terminal Bronchopneumonia

Name of operation ..... 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? ..... 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) P. S. Fate M. D.

(Address) Hosp. #4 Farmington Mo.