

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.

NOV 21 1935

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

Do not use this space.

32376

1. PLACE OF DEATH

County Greene
Township Stonewall
City Stonewall

Registration District No. 314
Primary Registration District No. 4190
(No. BUREAU)

File No. _____
Registered No. 32
St. _____ Ward) _____

2. FULL NAME

(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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16-1919

7. AGE YEARS 15 MONTHS 10 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) Stonewall MO (STATE OR COUNTRY)13. NAME Lewis B. Skinner14. BIRTHPLACE (CITY OR TOWN) Allen CO (STATE OR COUNTRY) Kansas15. MAIDEN NAME Beverly Manning16. BIRTHPLACE (CITY OR TOWN) Greene MO (STATE OR COUNTRY)17. INFORMANT Lewis B. Skinner (ADDRESS) Stonewall MO18. BURIAL, CREMATION, OR REMOVAL PLACE Corners cemetery DATE 10/22 1919. UNDERTAKER Latent H. Phillips (ADDRESS) Stonewall MO20. FILED 10/22 1935 OSB 30M Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 193522. I HEREBY CERTIFY, That I attended deceased from Oct 20 1935 to Oct 21 1935I last saw him alive on Oct 21 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Myocarditis & paralysis of bowels
10

Other contributory causes of importance:

diphtheria six weeks previous

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1935

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) F. J. Hinchley _____, M. D.(Address) Stonewall, Mo

