

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.

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

Do not use this space.

NOV 25 1935

33376

1. PLACE OF DEATH

County Miller Registration District No. 561
Township Franklin Primary Registration District No. 5756
City Beard (No. _____) St. _____ Ward _____

File No. _____
Registered No. 86

2. FULL NAME

Fannie 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Skiles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 2 19

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Harvey Vernon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Henry Skiles
(ADDRESS) Beard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ben Allen DATE Oct 9 1935

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Beard, Mo.

20. FILED Oct 9 1935 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1935, to 10/8, 1935.
I last saw her alive on 10/7, 1935. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

myocarditis
93d1
Date of onset 2

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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? No
If so, specify _____
(Signed) G. D. Waller, M. D.
(Address) Beard, Mo.

