

DEC 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County Clark
Township Wyaconda
City (No., Ward)

Registration District No. 194
Primary Registration District No. 4717

File No. 35484
Registered No. 16
St. Ward)

2. FULL NAME

Myrtle May Skinner
(a) Residence, No. Wyaconda St. Mo Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 - 1899</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Adair Co. Mo</u>		
FATHER	13. NAME <u>William Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Va</u>	
MOTHER	15. MAIDEN NAME <u>Javie Bozarth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Mo</u>	
17. INFORMANT (ADDRESS) <u>Howard Skinner Wyaconda, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winger Mo</u> DATE <u>Dec 2</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Geeth Hasket Wyaconda Mo</u>		
20. FILED <u>Dec 2</u> 19 <u>35</u> <u>Bessie Blattery</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 193522. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Nov 30, 1935I last saw her alive on Nov 30, 1935. Death is saidto have occurred on the date stated above, at 6 P. m.

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

Bruisets' injury Date of onset unknown

Other contributory causes of importance:

Fading compensation

Name of operation Date of 131

What test confirmed diagnosis? Algebra 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.

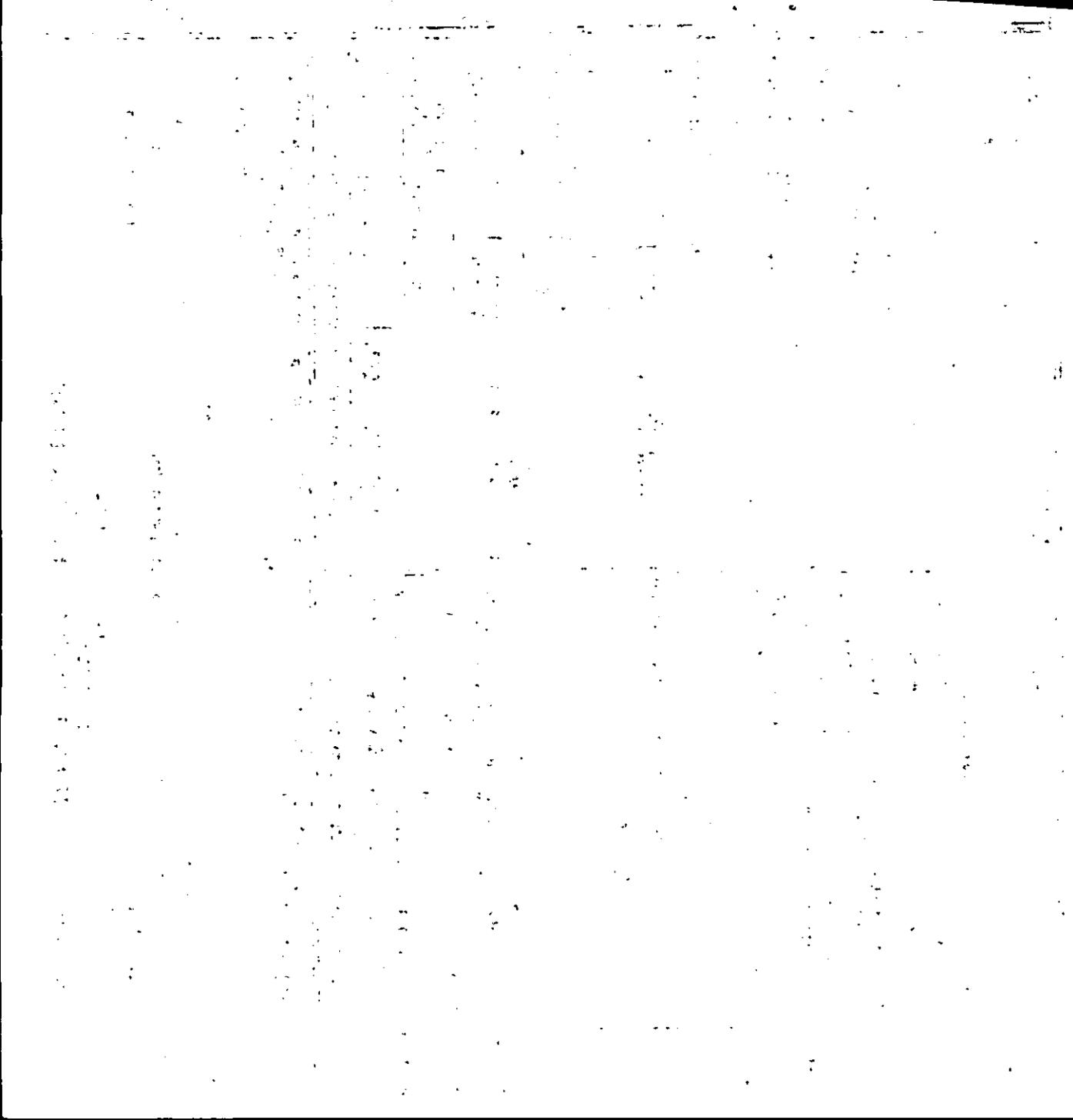
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. B. F. Hutchinson M.D.(Address) Wyaconda, Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN IN TWO SUPPLEMENTARY.

1. PLACE OF DEATH

County Clark Registration District No. 194 File No. _____
 Township Wyaconda Primary Registration District No. 4117 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Myrtle May Skinner

(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 <u>F</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE		YEARS <u>36</u>	MONTHS <u>1</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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)					
FATHER	13. NAME				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE		DATE			
19. UNDERTAKER (ADDRESS)					
20. FILED <u>1-11-</u> 19 <u>36</u> <u>Bessie Blattner</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bright's Disease (chronic) Date of onset _____

Other contributory causes of importance: 131

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) B. J. Hutchins D.O., M. D.
 (Address) Wyaconda ms

SUPPLEMENTARY

S-35484