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

MAR 20 1936

1. Do not use this space.

Cr 6481

File No. .....

Registered No. 28

1. PLACE OF DEATH

County: Jasper — Registration District No. 417

Township: ..... — Primary Registration District No. 3021

City: Webb City (No. ....., ... St. ..... Ward)

2. FULL NAME Charles Skinner

(a) Residence, No. 623 N. Devon 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: Grace Skinner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1865

7. AGE: Years 70 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Springfield Missouri

FATHER

13. NAME: Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs Grace Skinner Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cem DATE Feb 24, 1936

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co. Webb City Mo.

20. FILED 2-24, 1936 J. R. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935, to Feb 22, 1936

I last saw him alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Arteriosclerosis

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) J. L. Craig, M. D.

(Address) Webb City, Mo