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 26 1936

Do not use this space.

8953

1. PLACE OF DEATH
County Vernon
Township Mon Prairie
City Bronaugh (No. , 6151 B St. Ward)

Registration District No. 874
Primary Registration District No. 4526

File No.
Registered No.

2. FULL NAME Susan Rodman Skaggs
(a) Residence, No. Bronaugh Mo. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1852
7. AGE YEARS 83 MONTHS 8 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Not Known Tenn

FATHER
13. NAME Minor Hope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tenn

MOTHER
15. MAIDEN NAME Mary Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tenn

17. INFORMANT (ADDRESS) W. A. Baker Bronaugh Mo
18. BURIAL, CREMATION, OR REMOVAL Wesley Cemet DATE 2 - 14 1936
19. UNDERTAKER (ADDRESS) Fern Funeral Home Nevada Mo
20. FILED Feb 17 1936 N. B. Primm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936, to Feb 12, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 35 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	Chronic
95 b	

Other contributory causes of importance: Cold

Name of operation 0 Date of 0
What test confirmed diagnosis? Weak heart dyspnea Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify
(Signed) A. G. Eddleman, M. D.
(Address) Liberal, Mo.