

APR 18 1936

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

Do not use this space.

10371

## 1. PLACE OF DEATH

County Howard  
Township Fayette  
City Fayette (No. ....)

Registration District No. 878  
Primary Registration District No. 4222

File No. ....  
Registered No. 26  
St. .... Ward)

2. FULL NAME Herman V. Skaggs,

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/30th 1916</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>3</u>	DAYS <u>29</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>Laborer,</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>Missouri</u>				
FATHER	13. NAME <u>James Skaggs,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Bessie Jones,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>			
17. INFORMANT (ADDRESS) <u>James Skaggs, Fayette, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harrisburg,</u> DATE <u>3/20th 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Guy T. Halley, Fayette, Mo.</u>				
20. FILED <u>Apr. 8 1936</u> <u>V. O. Bonham</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19th 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936, to 3-19-36, 1936.  
I last saw him alive on 3-19, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tobac Pneumonia Date of onset 3-10-36

Other contributory causes of importance:  
Influenza

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

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) W. B. Bloom M. D.  
(Address) Fayette, Mo.

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.

