

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

Do not use this space.

1 JUN 27 1935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
Township Delta Primary Registration District No. 5175
City (No. MO)

File No. 18809
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Delta MO (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.

Elizabeth Skunkard

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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1-1934</u>		
7. AGE YEARS	MONTHS	DAYS
<u>1</u>	<u>8</u>	<u>16</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) Randolph (STATE OR COUNTRY) MO

13. NAME Eugene Skunkard

14. BIRTHPLACE (CITY OR TOWN) Randolph (STATE OR COUNTRY) MO

15. MAIDEN NAME Christine Glawe

16. BIRTHPLACE (CITY OR TOWN) Vanduser (STATE OR COUNTRY) MO

17. INFORMANT Eugene Skunkard (ADDRESS) Delta

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perkins DATE May 18 1935

19. UNDERTAKER Reynolds - Estes (ADDRESS) Cape Girardeau MO

20. FILED May 17 1935 J.M. Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15 1936, to May 17 1936

I last saw him/her alive on May 17 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pytoxic
poisoning
from Tinned meat

Other contributory causes of importance:
None

Date of onset
May
15th
1936

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 _____ 1936

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) M. W. Davault, M. D.
(Address) Unionville 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.

