

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

Do not use this space.

31592

SEP 25 1936

**1. PLACE OF DEATH**

County Linn  
Township Brown  
City Browning (No. \_\_\_\_\_)

Registration District No. 497  
Primary Registration District No. 4300

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mala Ha Vila Skem

(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 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Mary E. Skem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866-10-23

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 9 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phasantville Ia.

13. NAME Wm. Skem

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomtown Ind.

15. MAIDEN NAME Martha E. Melton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ill.

17. INFORMANT B. Lorena W. Skem  
(ADDRESS) Purdin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins DATE Aug. 22, 1936

19. UNDERTAKER L. W. Himmig  
(ADDRESS) Browning Mo.

20. FILED aug 21, 1936 Flora M. Mc Cormick  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Aug 20, 1936  
I last saw him alive on Aug 20, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Cardiac exhaustion

Date of onset 8/20/36

Other contributory causes of importance:

Acute intestinal toxemia

8/16/36

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? no

If so, specify \_\_\_\_\_

(Signed) T. R. McAster, M. D.

(Address) Browning Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

