

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

Do not use this space.

DEC 18 1936

40314

1. PLACE OF DEATH

County Barry Registration District No. 5-0-50-38 File No. 40314
 Township Rearing River Primary Registration District No. 38 Registered No. _____
 City Eagle Rock, Mo No. _____ St. _____ Ward _____

2. FULL NAME Samuel Skelton

(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 61 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marvalorie Skelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25, 1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>5</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>Farmer</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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blue Springs, Ark.</u>	
	13. NAME <u>John Skelton</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>Eizabeth Skelton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Eagle Rock, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Murray</u> DATE <u>Dec 3 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u> <u>Cassville, Mo</u>		
20. FILED <u>12/10</u> — 19 <u>36</u> <u>Emma W. Wallington</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1935, to Nov. 27, 1935
 I last saw him alive on Nov. 27, 1935 Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:

<u>Lobar Pneumonia</u>	Date of onset <u>?</u>
Other contributory causes of importance: <u>Common cold</u> <u>Essential Hypertension</u>	

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) E. M. Daniel, M. D.
 (Address) Cassville, 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.

