

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 309File No. 11863Township DuggerPrimary Registration District No. 5428Registered No. 19City St. Louis(No. 1)St. 19Ward 19

2. FULL NAME

(a) Residence, No. John Franklin SkidmoreSt. 19Ward. 19

(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

Male

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 OFZada Lykins Skidmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,hrs.

ormin.

641168. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.farmer10. 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)

nodaway co. mo.

13. NAME

Joseph Skidmore

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown Kentucky

15. MAIDEN NAME

Mary Ann

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown Buchanan Co., Mo.

17. INFORMANT

(ADDRESS)

Mrs. John Skidmore

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hall Cemetery

DATE

Mar. 10, 1937

19. UNDERTAKER

(ADDRESS)

Clifford Brooks

20. FILED

Mar. 10, 1937167 Master

Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19.....

Death is said

to have occurred on the date stated above, at 9 A.M.

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

Suicide by hanging

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? SUICIDE Date of injury Mar 8, 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

STAN BERRY, MO. R.F.D.

Manner of injury

Nature of injury SUICIDE BY HANGING24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Don C. Holder, Probate Judge
(Acting Coroner)
Albany, Missouri

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.

