

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Meru
Township Morgan
City (No. _____) _____

Registration District No. 556
Primary Registration District No. 5750

File No. 12628
Registered No. 26
Ward _____

2. FULL NAME

Johnnie Skagg
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 70
unknown

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Died at County

10. Date deceased last worked at this occupation _____ and _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Jess Helmer Hospital Attendant
(ADDRESS) Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravanna Cove DATE March 28, 1937

19. UNDERTAKER Noel Mass
(ADDRESS) Princeton Mo

20. FILED 3/27 1937 J M Terry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937

22. I HEREBY CERTIFY. That I attended deceased from March 30, 1937, to March 26, 1937

I last saw him alive on March 20, 1937. Death is said to have occurred on the date stated above, at 10 P. M.

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

Fracture skull, base

Other contributory causes of importance:

fall upon cement
fall - accidental
not known if hemiplegic or faint

Name of operation _____ Date of operation _____

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? accident Date of injury 3/25, 1937

Where did injury occur? County Hospital, Princeton Mo
(Specify city or town, county, and State)

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

In County Home for Poor

Manner of injury fall upon cement

Nature of injury Fracture base skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) _____, M. D.

Princeton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. This man died at the County Hospital, a stranger to every one and have no relatives.

