

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

Do not use this space.

JUN 18 1937

19849

1. PLACE OF DEATH.

County COOPER
Township WALNUT GROVE
City BOONVILLE (No. ST. JOSEPH'S HOSPITAL)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME MILDRED LUCILLE SKIDMORE

(a) Residence, No. 609 LEROY St., _____ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 26-1927

7. AGE YEARS 9 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. AT HOME

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) (STATE OR COUNTRY) BOONVILLE MO

13. NAME JOHN SKIDMORE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EVENING SHADE MO

15. MAIDEN NAME MARY THOMAS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DETTIS CO

17. INFORMANT MRS MARY SKIDMORE (ADDRESS) NEW FRANKLIN

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAY 11 1937

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO

20. FILED May 11 1937 D. Cooper Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

I HEREBY CERTIFY, That I attended deceased from January 25 1937, to May 9 1937

I last saw her alive on May 9 1937. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:
Acute Endocarditis. Date of onset _____

Other contributory causes of importance: Scarlet Fever (Indec.)

Name of operation _____ Date of _____

What test confirmed diagnosis? clin Was there an autopsy? No

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.

Meaner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) W.H. Biegler, M. D.

(Address) Boonville Mo.

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

