

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.

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

Do not use this space.

1. PLACE OF DEATH
 3 County Platte Registration District No. 692 File No. 21022
 1 Township..... Primary Registration District No. 4414 Registered No.....
 3 City Dearborn (No. 7) St. Ward.....
 2. FULL NAME Adeline Skinner
 (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

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 10. Date deceased last worked at this occupation (month and year) Jan 19-36 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn Platte Co Missouri
 13. NAME Phenaxum Skinner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Pattie Persira
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Calmer Skinner
 (ADDRESS) Candler Point Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Candler Point DATE May 15-1937
 19. UNDERTAKER Junius Davis
 (ADDRESS) Dearborn Mo.
 20. FILED May 15, 1937 WOT Moore
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1937
 22. I HEREBY CERTIFY that I attended deceased from April 1937 to May 13, 1937
 I last saw her alive on May 10, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset April 1937
 Other contributory causes of importance: None
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1937
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify None
 (Signed) WOT Moore, M. D.
 (Address) Dearborn Mo

