

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.

OCT 22 1937

1. PLACE OF DEATH

County Newton
 Township Buffalo
 City Seneca RR# 2 (No. _____)

Registration District No. 611
 Primary Registration District No. 5813

File No. 34890
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Seneca RR# 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 17 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>26</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Joplin
 (STATE OR COUNTRY) Missouri

13. NAME Gravey Strickland

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

15. MAIDEN NAME Hannah Mathews

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

17. INFORMANT Lester Skaggs
 (ADDRESS) Seneca RR# 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Prairie DATE Oct - 5 - 1937

19. UNDERTAKER Mitchell Und. Co.
 (ADDRESS) Seneca, Mo.

20. FILED Oct 3 1937 Merle Sparlin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 37 to Oct 1 - 37

I last saw her alive on Sept. 30, 1937. Death is said to have occurred on the date stated above, at 12:30 am.

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

Diabetes Mellitus and nephritis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? 59 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) D. W. D. Sweeney, M. D.

(Address) Seneca, Mo.

