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

REC'D SEP 28 1938

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

Do not use this space.

29897

1. PLACE OF DEATH
County St. Francois
Township Perry
City Bonne Terre (No. Bonne Terre Hospital St. Ward)
Registration District No. 775
Primary Registration District No. 6020-A
File No.
Registered No. 64

2. FULL NAME Lizzie Skiles
(a) Residence, No. Leadwood, Mo. 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 Female
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 OF Joseph Skiles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7 1900
7. AGE YEARS 38 MONTHS 7 DAYS 17 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Mo

FATHER
13. NAME Nathan Crump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Nannie Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Joseph Skiles Leadwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood DATE Aug 26 1938
19. UNDERTAKER (ADDRESS) J. S. Boyer & Son Leadwood Mo.
20. FILED Aug 26 1938 N. W. Hawkins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1938, to Aug. 24, 1938
I last saw her alive on Aug. 24, 1938. Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paroxysmal tachycardia | 8-23-38 |
| 1 of 4 | |
| Other contributory causes of importance: Chronic Cholecystitis | 1932 |

Name of operation Cholecystectomy Date of 8-22-38
What test confirmed diagnosis? Phys. signs 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. M. Roebber, M. D.
(Address) Bonne Terre, Mo.