

REC'D OCT 6 1938

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

Do not use this space.

1. PLACE OF DEATH
16 County Cape Girardeau | Registration District No. 125
1 Township Cape Girardeau | Primary Registration District No. 3009
4 City Cape Girardeau (No. Southeast Missouri Hospital) (Ward) 281

2. FULL NAME FRANCIS G. Skaggs DA

(a) Residence, No. Essex, Mo. St. Mo. Ward. ESSEX, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
6 9 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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 6 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ark.MOTHER 13. NAME G. S. Skaggs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.15. MAIDEN NAME Viola Whittaker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.17. INFORMANT Mrs Skaggs
(ADDRESS) Essex, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Co, Mo DATE 9/21 193819. UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston Mo.20. FILED 9-19-38 J. M. Thompson Registrar. 121 (Address) Cape Girardeau Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 193822. I HEREBY CERTIFY, That I attended deceased from Sept 18 1938 to Sept 19 1938
I last saw him alive on Sept 17 1938 Death is said to have occurred on the date stated above, at 4:15 P. m.

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

Diphtheria - larynx Date of onset about Sept 11

Other contributory causes of importance:

cardiac failureName of operation Torbertomy Date of Sept 18What test confirmed diagnosis? Tarantula Was there an autopsy? no23. 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) Ben J. Hyatt M. D.(Address) Cape Girardeau Mo.

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.

I Hailey & Johnson hereby
certify that body was embalmed by
myself.

Hailey & Johnson
L. E. # 3704
Sikeston, Mo.