

REC'D OCT 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33593
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
 (b) Township Wright Primary Registration District No. 4549 Registered No. 51
 (c) City Wright Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Mobile Jay Skiles H 20
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1938, to 9/16, 1938.
 I last saw her alive on 9/16, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1925

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 13 1 7

Appendicitis
 Date of onset _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation 0

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright MO

13. NAME R. S. Skiles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright MO

15. MAIDEN NAME Rosa Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright MO

17. INFORMANT (ADDRESS) R. S. Skiles

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright DATE 9-18-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Berice Montgomery

20. FILED 9-26-38 Local Registrar

Name of operation Appendectomy Date of 9/15-38
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) R. A. Heiser, M. D.
Wright (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-250

Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.