

JAN 6 1938

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

44657
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard 2 Registration District No. 837
 (b) Township Gastor Primary Registration District No. 4508 Registered No. _____
 (c) City Bloomfield 1 (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Joseph C. Skelton

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

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 *****

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo. 0

FATHER 13. NAME Robert H. Skelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER 15. MAIDEN NAME Georgia Langston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Clarence Skelton
 (ADDRESS) Bloomfield, Mo. R. R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Cemetery DATE December 30, 1938

19. FUNERAL DIRECTOR (NAME) Chiles Undertaking Co.
 (ADDRESS) Bloomfield, Missouri

20. FILED Dec. 31, 1938 Loonie Punch
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, that I attended deceased from Nov. 18, 1938 to Dec. 29, 1938
 I last saw him alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 11/18/38

Other contributory causes of importance: g2a1

Name of operation _____ Date of _____
 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? No
 If so, specify _____ (Signed) John Wilson, M. D.
Bloomfield, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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.