

REC'D FEB 21 1939

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

Do not use this space.

1563

## 1. PLACE OF DEATH

County HollingerRegistration District No. 66Township LorancePrimary Registration District No. 5702BCity Marionville, Mo.

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME William Skelton

(a) Residence, No. \_\_\_\_\_ 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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

Single

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

Jan 10 - 1873

7. AGE

YEARS

66

MONTHS

X

DAYS

5

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Farmer

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)

Lutesville, Mo.

13. NAME

Fred Skelton

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

Doni Kuan

15. MAIDEN NAME

Dorothy Kuan

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

Doni Kuan

17. INFORMANT (ADDRESS)

Fred Noelle Baker  
Druceville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Druceville

1939

DATE Jan, 15th

19. UNDERTAKER (ADDRESS)

Baker Funerals Home  
Lutesville Mo. G. & Baker20. FILED 1-24 1939 Wilbur H. Van Amburgh Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 15th 1939

22. I HEREBY CERTIFY That I attended deceased from

Jan 1 1939, to Jan 15 1939I last saw him alive on Jan 14 1939. Death is saidto have occurred on the date stated above, at 5 A. m.

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

Date of onset

Carcinoma of Stomach

Other contributory causes of importance:

Excessive use of antiseptics

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. A. Van Amburgh, M. D.(Address) Lutesville, Mo.

