

REC'D MAR 13 1939

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

6572
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 315
(b) Township Springfield Primary Registration District No. 2001 Registered No. 168
(c) City Springfield (d) Street No. Springfield Baptist Hosp. 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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Rogersville, Mo R#3 St. Rogersville, Mo R#3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939

5A. IF MARRIED, WIDOWED OR DIVORCED (HUSBAND OF OR) WIFE OF Tom F. Dillard

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14-1909

I last saw her dead alive on July 24, 1939 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 10

Other contributory causes of importance: 167

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. In home
10. Date deceased last worked at this occupation (month and year) 2-24-39 11. Total time (years) spent in this occupation -

Suicide by shooting self with 22 rifle in left breast
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Emmett O. Skelton

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

MOTHER 15. MAIDEN NAME Nora J. Ricketta

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

17. INFORMANT (ADDRESS) Mary Skelton Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Danforth Cemetery DATE Feb 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Lingner Springfield, Mo.

20. FILED 2-26, 1939 Chas A. George Local Registrar

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? Suicide Date of injury Feb 24, 1939

Where did injury occur? Springfield, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Shooting self in breast

Nature of injury with 22 rifle

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Ferguson Coroner, M. D.

(Address) Springfield, 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.

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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 Ray C. [unclear]
#1763 & by Wm Max Rhodes #4071 & by Warren [unclear], Registered Apprentice No. [unclear]
working under my personal supervision.

Signed J. B. [unclear]
Licensed Embalmer No. 3358

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.