REC'D JUN 15 1938

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

19426
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot — Registration District No. 651

(b) Township Pemiscot — Primary Registration District No. 3863 — Registered No. 45

(c) or City ~~Tyler~~ — (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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James R. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	7	29	

OCCUPATION

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. Farm

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ruppertown, Tenn

FATHER

13. NAME Samuel Skelton

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

MOTHER

15. MAIDEN NAME Minerva Whittles

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

17. INFORMANT (ADDRESS) Mrs. Minnie Skelton Tyler, Missouri

18. BURIAL, CREMATION, OR REMOVAL Steele, Mo.
PLACE Mt. Zion Cem. DATE Dec. 11, 1928

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt. Co. Steele, Mo.

20. FILED 5/5, 1939 Ada Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1928

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to Oct. 20, 1928

I last saw him alive on Oct 20, 1928 Death is said to have occurred on the date stated above, at 10:40 P.M.

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

	Date of onset
Unknown	

Other contributory causes of importance:
Pellegra and Malaria

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 na
(Signed) L. E. Cooper, M. D.
(Address) Coster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 3
District File Number 39-356
Date Filed JUN 8 1939

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 comp with the above constitutes grounds for revocation of license.)

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