

1939 JUL 17 1939

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

23491
Do not use this space.

1. PLACE OF DEATH

(a) County Wexner Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 144
(c) City Nevada (d) Street No. State Hospital #3 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 0 yrs. 7 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 435 John Skelton St. (If nonresident, give city or town and State)
1124 Murphy (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Skelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1867
7. AGE YEARS 72 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. Construction
10. Date deceased last worked at this occupation (month and year) 5 11. Total time (years) spent in this occupation ?

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

13. NAME Isaac Skelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, Ark.

15. MAIDEN NAME Mary Gaitley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Records, State Hosp #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo. DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Temple Ministry
Joplin, Mo.

20. FILED 6-7 1939 Allen V. Sharp
Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to June 7, 1939

I last saw h. l. n. alive on June 7, 1939. Death is said to have occurred on the date stated above, at 9:25 p. m.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease
Date of onset 9/5/36
Other contributory causes of importance: Arteriosclerosis

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 None
(Signed) Russ H. Peters, M. D.
(Address) State Hosp #3, Nevada

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X18605

RECEIVED
District Health Office
District File Number 7-39-1
Date Filed 7-13-3

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.....

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.