

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

40110
 Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 3
 (b) Township 4 Primary Registration District No. 5-6-33 Registered No. 1574
 (c) City Mt. Vernon, Mo. (d) Street No. Missouri State Sanatorium 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 3 yrs. 3 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rebecca Skelton

(a) Residence, No. Braxadocia, Missouri 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 Female 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) June 9, 1917

7. AGE YEARS 22 MONTHS 4 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME W. L. Skelton

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

MOTHER 15. MAIDEN NAME Annie Lee Morgan

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

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Cantherville, Mo. DATE Nov. 10, 1939

19. FUNERAL DIRECTOR (NAME) P. J. ...
 (ADDRESS) Cantherville, Mo.

20. FILED Nov. 8, 1939 P. A. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1936 to Nov. 8, 1939 ~~XXXXX~~

I last saw her alive on Nov. 8, 1939 Death is said to have occurred on the date stated above, at 2:20p.m.

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

Pneumonia
Tuberculosis

Date of onset 1935

Other contributory causes of importance: 72

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? _____
 If so, specify _____
 (Signed) Charles J. ... M. D.

(Address) ... Mt. Vernon

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. 6,

District File Number 1299-2454

Date Filed DEC 6 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 comply with the above constitutes grounds for revocation of license.)

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