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

Do not use this space.

File No. 44458

Registered No. 184

JAN 11 1940

1. PLACE OF DEATH

County: St. Charles — Registration District No. 757

Township: — Primary Registration District No. 3026

City: St Charles (No. St. Jos. Hospital St. Ward)

2. FULL NAME: Jacqueline May Skinner

(a) Residence, No. Winfield, Mo. St., Ward. Winfield, Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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): Aug. 18, 1938

7. AGE: Years 1 — Months 03 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Winfield, Mo

FATHER

13. NAME: Elston Glen Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winfield, Mo

MOTHER

15. MAIDEN NAME: Marie Jenneth Herring

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldred, Illinois

17. INFORMANT (ADDRESS): Elston Skinner Winfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winfield, Mo DATE Dec 16, 1939

19. UNDERTAKER (ADDRESS): [illegible] Ricks #4012 Winfield Mo

20. FILED 12/15, 1939 Clarence F. Hessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1939 to Dec. 15, 1939

I last saw her alive on Dec 15, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Intracranial meningitis — Date of onset 12-13-39

Other contributory causes of importance: JH

Name of operation None Date of —

What test confirmed diagnosis? S. of — 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

(Signed) [illegible], M. D.

(Address) St. Charles, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD