

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.

FILLED NOV 8 1941

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

Do not use this space.

35956

1. PLACE OF DEATH

County *Franklin*

Registration District No. *23*

File No.

Township *Randolph*

Primary Registration District No. *6024B*

Registered No. *17*

City *Franklin*

No.

St.

Ward

2. FULL NAME

(a) Residence, No. *2*

(Usual place of abode)

*Billy Ray Skaggs*

St. *Franklin*

Way

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 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) *Oct. 28, 1941*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day *10 1/2* 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. *None* 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) *Franklin Mo*

FATHER 13. NAME *Wm Preston Skaggs*

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

MOTHER 15. MAIDEN NAME *Opal Steel Bone*

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

17. INFORMANT (ADDRESS) *A. Traubitz*

18. BURIAL, CREMATION, OR REMOVAL PLACE *FRANKCLAY* DATE *Oct. 30 1941*

19. UNDERTAKER (ADDRESS) *J. S. ...*

20. FILED *11/10 1941* *W. C. Aubuchon* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 29 1941*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 28 1941*, to *Oct. 29 1941*. I last saw him alive on *Oct 29 1941*. Death is said to have occurred on the date stated above, at *4 a.m.*

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

*atelectasis*

Other contributory causes of importance: *161a*

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

(Signed) *Arnold Traubitz* M. D. (Address) *Leadwood Mo.*

