

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

8122
Do not use this space.

FILED MAR 9 1944

1. PLACE OF DEATH
 (a) County Reynolds Registration District No. 300
 (b) Township Wright Primary Registration District No. 6030 Registered No. 90
 (c) City or Hadley (Rural) (d) Street No. 1 St. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) all life How long in U. S., if of foreign birth? yrs. mos. ds. 1

2. PRINT FULL NAME Cliza Ellen Skiles
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) 11
 (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) widowed 2
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Skiles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1858
 7. AGE YEARS 85 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1944
 22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1944, to Feb 26, 1944.
 I last saw her alive on Feb 21, 1944. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral regurgitation
928
 Date of onset 1941
 Other contributory causes of importance:
General infirmities of the aged
 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? No
 If so, specify _____ (Signed) A. F. Buge, M. D.
 (Address) ellingthel, mo 2/27-44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. mo
 FATHER 13. NAME Bill Thornton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 9
 MOTHER 15. MAIDEN NAME Mary Jane Barnes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 0
 17. INFORMANT (ADDRESS) Guy Skiles Hadley mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE Feb 27 1944
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seaton Perwit Van Busen
 20. FILED 2/27 1944 Eddie Evans Local Registrar.

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.

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RECEIVED

District No. 5

District File No.

Date Filed

344199
3-8-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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.