

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

Do not use this space.

FILED JUN 1 1944

18729

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 106 File No. 72
 0 Township Anderson P#1 Primary Registration District No. 4178 Registered No. 13
 0 City Malden Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mary Melissa Skidmore
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 67 yrs. mos. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Skidmore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 _____ 29 _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Mo _____
 MOTHER 13. NAME Sam Graham
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DR _____
 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know _____
 17. INFORMANT John R. Skidmore
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Cem. DATE 6-20-43
 19. UNDERTAKER W. H. Dady
 (ADDRESS) Beaton
 20. FILED 8/5 1943 Mr. Murt. Blankenship
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1943
 22. I HEREBY CERTIFY, That I attended deceased from 6/12 to 6/18
 I last saw _____ alive on 6/15 1943 Death is said to have occurred on the date stated above, at 12:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Embo: Corditis Date of onset _____
92d
 Other contributory causes of importance:
Soci. inf. very bad teeth.
 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) W. H. Dady M. D.
 (Address) Malden

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

U. S. A.

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