

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

Do not use this space.

31135

1. PLACE OF DEATH

County **Howell**

Registration District No. **385**

File No.

Towship **Willow Springs, Mo.**

Primary Registration District No. **4228**

Registered No. **27**

City **Willow Springs, Mo.**

St. Ward)

2. FULL NAME **Charles A. Skinner**

(a) Residence. No. St. Ward.
(Usual place of abode) (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

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF **Mrs M. A. Skinner**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 12th. 1857**

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | 74 | 3 | 20 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Pensioner**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Jonesburg**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Charles Skinner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Dont Know**

12. MAIDEN NAME OF MOTHER **Dont Know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Dont Know**

14. INFORMANT **Mrs M. A. Skinner**
(Address) **Willow Springs, Mo.**

15. FILED **9/2 31** **J. B. Ferguson**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept-1st - 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 22**, 19**31** to **Sept 1**, 19**31** that I last saw **him** alive on **Sept 10**, 19**31**, and that death occurred, on the date stated above, at **10 a** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis Brain + Hemiplegia.

CONTRIBUTORY (SECONDARY) **Diabetes mellitus**
(duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **At place of death**
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Physical Findings**

(Signed) **J. C. Davis**, M. D.
9-1, 19**31** (Address) **Willow Springs Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **West Plains Cemetary** DATE OF BURIAL **9/2/31**

20. UNDERTAKER **J. R. Burns** ADDRESS **Willow Springs 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.

OCT 23 1931

