

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

Do not use this space.

File No. **20275**

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
**56** County **Lewis** Registration District No. **483**  
Township \_\_\_\_\_ Primary Registration District No. **5644B**  
City **Williamstown** St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Clayton Franklin Skirvin**  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 28 1872**  
7. AGE YEARS **61** MONTHS **4** DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Farmer**  
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) **Lewis Co. Missouri**

13. NAME **William Skirvin**

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

15. MAIDEN NAME **Wenry Benner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lewis Co. Missouri**

17. INFORMANT **Mrs. Dora Skirvin** (ADDRESS) **Williamstown Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Canton Mo.** DATE **June 30 1933**

19. UNDERTAKER **Fred Clarke** (ADDRESS) **Rahola Mo.**

20. FILED **June 30 1933** **Mrs. D. B. Speer** Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28 1933**  
22. I HEREBY CERTIFY That I attended deceased from **June 18 1933** to **June 28 1933**  
I last saw h. in. alive on **June 28 1933** Death is said to have occurred on the date stated above, at **12.45 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Myocarditis**  
**93D 93d**  
Other contributory causes of importance:

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. C. L. Todd**, M. D.  
(Address) **Williamstown 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.

JUL 9 7 1933

