

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

24 County Clay Registration District No. 197 File No. 16053  
Township Gallatin Primary Registration District No. 5276A Registered No. \_\_\_\_\_  
City No. Kansas City, Mo. R. 5 St. None Ward \_\_\_\_\_

2. FULL NAME

Ruben Henry Skidmore

(a) Residence, No. No. Kansas City, Mo. R. 5 Ward \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Skidmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5-1850

7. AGE YEARS 86 MONTHS 5 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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.

13. NAME Ruben Skidmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Elizabeth Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Lawey Owens  
No. Kansas City, Mo. R. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Minerva, Mo. DATE Feb. 9, 1937

19. UNDERTAKER (ADDRESS) Morton Funeral Home  
No. Kansas City, Mo.

20. FILED 5-8, 1937 W. C. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Feb 2, 1937

I last saw him alive on Feb 1, 1937. Death is said to have occurred on the date stated above, at 2 A. M.

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

Broncho Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? No.

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.

(Signed) W. C. Meyer, M. D.  
(Address) Liberty, Mo.

Exact statement of OCCUPATION is very important.

