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.

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

Do not use this space.

29135

1. PLACE OF DEATH — SEP 10 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Sanitorium St. Ward)

File No. .....

Registered No. 7768

2. FULL NAME Rosie Skeen

(a) Residence, No. 2657 Bernard St. St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Will Skeen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1877

7. AGE: About 60 Years; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

23

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home Housework

10. Date deceased last worked at this occupation (month and year): August, 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

FATHER

13. NAME: Dan Murdock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

17. INFORMANT (ADDRESS): Jordan Kelling, M.D. 5400 Arsenal St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE: Infirmary DATE: 8,18/37, 19

19. UNDERTAKER (ADDRESS): Mr. Ryan 5800 Arsenal St.

20. FILED: AUG 18 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 19..., to 8-10-37, 19... I last saw her alive on Aug. 10, 1937, 19..... Death is said to have occurred on the date stated above, at 8.50 A.M.

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

	Date of onset
Pulmonary Tuberculosis with cavitation (Onset 8-13-36-x)	
Bronchopneumonia unclassified (Onset 8-13-36-x)	

Other contributory causes of importance:

Encephalomalacia (Onset 8-13-36)
Arteriosclerosis (Onset 1-1-36)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Jordan Kelling, M. D.

(Address) City Sanitarium St. Louis, Mo.