

NOV 17 1937

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

37568
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 282
(b) Township Union Primary Registration District No. 5401 Registered No. 51
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Enoch Skinner
(a) Residence, No. Campbell 901 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 29

I attended by a Physician

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

De Compensator of Heart
Arteriosclerosis
Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

Other contributory causes of importance:
Arteriosclerosis
Hypertension

FATHER 13. NAME Gay Skinner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Adam Huber
(ADDRESS) Campbell R. 7, 19.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Oct. 10, 1937

19. FUNERAL DIRECTOR Landess Funeral Home
(ADDRESS) Campbell, Mo.

20. FILED 10-10, 1937 E. N. Landess
Local Registrar.

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 George J. Schow
(Signed) Cornell G. Dunklin
(Address)

STATEMENT BY LICENSED EMBALMER

I, E. W. Sanders, Licensed Embalmer No. 2289

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
a L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. W. Sanders

Licensed Embalmer No. 2289

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)