REC'D SEP. 27 1938

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

29446
Do not use this space.

1. PLACE OF DEATH
(a) County Madison
(b) Township St. Michael
(c) City Fredericktown
Registration District No. 538
Primary Registration District No. 5723
Registered No. 70
(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 75 yrs. 1 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Isaac Skaggs 200
(a) Residence, No. Fredericktown, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF (OR) WIFE OF: Mary E. Skaggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1st, 1863
7. AGE: YEARS 75 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as 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): Madison County 6

FATHER
13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

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

17. INFORMANT (ADDRESS): John H. Skaggs St Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL (Community) PLACE: Higdon Mo DATE: 8/31/38, 19
19. FUNERAL DIRECTOR (ADDRESS): Stanley H. Dixon Fredericktown, Mo.
20. FILED Aug 31, 1938 S. C. Slaughter By C. A. Schwarz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30/38, 19
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to 8/30-38, 19
I last saw him alive on Aug 30, 1938. Death is said to have occurred on the date stated above, at 1:10 A.M.
The principal cause of death and related causes of importance were as follows:
Cardiac Asthma — Date of onset Aug 15-38
95 B
Other contributory causes of importance: Arterio Sclerosis
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? no
If so, specify .....
(Signed) W. Harry Barron, M. D.
(Address) Fredericktown Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, William B O'Connor, Licensed Embalmer No. 3975

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

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