

REC'D AUG 11 1939

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

25099
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85
 (b) Township St Joseph 1 Primary Registration District No. 1001
 (c) City St Joseph (d) Street West Hosp 2 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 3 yrs. 4 mos. 12 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 2 St. Jackson Co. Mo
 (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) wid.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Jay (Valland) Skinkle
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1881
 7. AGE YEARS 58 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chronic invalid
 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) Genl Ohio (STATE OR COUNTRY) 1

FATHER 13. NAME John Clark Skinkle

14. BIRTHPLACE (CITY OR TOWN) (Genl) (STATE OR COUNTRY) Ohio 1

MOTHER 15. MAIDEN NAME Bessie Crawford

16. BIRTHPLACE (CITY OR TOWN) (Genl) (STATE OR COUNTRY) Ohio

17. INFORMANT Effie Jay (Valland) Skinkle (Wid) (ADDRESS) Buchanan

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem DATE 7-25-39

19. FUNERAL DIRECTOR (NAME) J. J. O'Dell (ADDRESS) St. Joseph, Mo

20. FILED July 25 1939 E. J. Nestelbaum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Mar. 11, 1936 to July 23, 1939
 I last saw him alive on July 23, 1939 Death is said to have occurred on the date stated above, at 3:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Epilepsy Date of onset ?
many years
107 1/2
 Other contributory causes of importance: broncho pneumonia 10 days

Name of operation none Date of none
 What test confirmed diagnosis? Clinical 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
 If so, specify _____ (Signed) J. J. O'Dell, M. D.
 (Address) St. Joseph

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

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.