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

Do not use this space.

40555

JAN 18 1936

1. PLACE OF DEATH
County Pemiscot
Township Pascala
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1102
Primary Registration District No. 758

File No. .....
Registered No. .....

2. FULL NAME Bobbie Jean Skaggs
(a) Residence, No. Braggadocio St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W	S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Portageville Mo

FATHER
13. NAME W H Skaggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pascola Mo.

MOTHER
15. MAIDEN NAME Ida Duckworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) W H Skaggs Braggadocio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pascala DATE 1-1 1936

19. UNDERTAKER Jones
(ADDRESS)

20. FILED Jan 8 1936 Mrs T. R. Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 31 1935

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 4A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	

Other contributory causes of importance:
dys

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 .....
(Signed) W. M. Rutledge Coroner
(Address) Hayti Mo.

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.

