

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.

NOV 21 1930

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

Do not use this space.

32478

1. PLACE OF DEATH  
 County Washington Registration District No. 1111  
 Township Cause Primary Registration District No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/21/1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 0 13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cherryville  
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Conway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ann Morley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

14. INFORMANT S.E. Skaggs  
 (Address) Russell, Mo.

15. Filed \_\_\_\_\_, 19\_\_\_\_ REGISTRAR \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/4 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1930, to 10-4, 1930 that I last saw him alive on 9-20, 1930, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
114  
 (duration) 2 yrs. 0 mos. 0 da.

CONTRIBUTOR (SECONDARY) Influenza  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE THIS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Jos. L. Thurman, M.D.  
 10/4, 1930 (Address) Potosi, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonnie Terre Mo DATE OF BURIAL 10-6 1930

20. UNDERTAKER McDonnell Law ADDRESS Potosi Mo.

100-1000

100-1000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Crawford Registration District No. 1113 File No. ....  
 Township Cledge Primary Registration District No. 5314 Registered No. ....  
 City ..... (No. .... St. .... Ward)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/21/1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43      0      13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Cherryville  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Dorley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Edith Dorley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) .....

14. INFORMANT L. C. Skaggs  
 (Address) Housewife

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/4/30

17. I HEREBY CERTIFY That I attended deceased from 8-1 1929 to 10-4 1930 that I last saw h. alive on 10-20 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Primary Tuberculosis

CONTRIBUTORY (SECONDARY) Influenza (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Jos. L. Thurgan, M. D.  
10/4/30 (Address) Potosi Mo.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Mo. DATE OF BURIAL 10-6-1930

20. UNDERTAKER L. B. Boyer & Son ADDRESS Potosi Mo.

FILED 11/3/30 Ethel Peltz REGISTRAR

SUPPLEMENTARY

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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