

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.

MAY 15 1935

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

Do not use this space.

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1. PLACE OF DEATH

County Butler Registration District No. 990
Township St. Francis Primary Registration District No. 5133
City Rombauer (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

Milton Lewis Skaggs

(a) Residence, No. Rombauer St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Sarah Jean</u> (Or) WIFE OF <u>Cardelle Nelson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 7, 1849</u>		
7. AGE YEARS 85	MONTHS 8	DAYS 12
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
	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) Madison County
(STATE OR COUNTRY) Missouri

13. NAME Steven Skaggs

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Maud Hood
(ADDRESS) Rombauer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rombauer, Mo. DATE April 21, 1935

19. UNDERTAKER Eddie Hume
(ADDRESS) Rombauer Mo

20. FILED April 24, 1935 W. J. Full
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935 to April 19, 1935

I last saw him alive on April 19, 1935 Death is said

to have occurred on the date stated above, at 9:13 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Old age

Unknown

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. W. M. Miller, M. D.
(Address) Poplar Bluff, Missouri

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