

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

Do not use this space.

40534

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City Franklin (No. 607) Huttig St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 412

**2. FULL NAME**

Lewis E. Skelley  
 (a) Residence. No. 607 Huttig 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 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 Mrs Julia Skelley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56      21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Real-Estate  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lincoln  
 (STATE OR COUNTRY) Nebraska

10. NAME OF FATHER L. E. Skelley

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

12. MAIDEN NAME OF MOTHER Helen Grant

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

14. INFORMANT Mrs Julia Skelley  
 (Address) 607 Huttig

15. FILED 12-5-1929 7 L Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4-1929

17. I HEREBY CERTIFY, That I attended deceased from 10/11, 1927, to 12/14, 1929.  
 that I last saw him alive on 12/13, 1929, and that death occurred, on the date stated above, at 12 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Multiple Myocarditis

87B  
93D (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 101B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Skelley, M. D.

12-5-1929 (Address) 1030 7th St Independence 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 Int at Marys DATE OF BURIAL Dec 5 1929

20. UNDERTAKER John J. Sheehan ADDRESS 71 C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly understood.

1929

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