

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Rosewood

Ino. Town

City

Registration District No. 7129

Primary Registration District No.

(No. St., Ward)

28780
File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Laura Skipworth

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Aug 29, 1893
(Month) (Day) (Year)

7 AGE 24 yrs. 2 mos. 10 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Missouri

PARENTS

10 NAME OF FATHER Ben Carson

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Dixon

13 BIRTHPLACE OF MOTHER (State or country) Kent

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. R. Skipworth

(Address) Greenville 74

15 Filed 11/2, 1917 Vieta Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1917, to Oct 31, 1917, that I last saw her alive on Oct 31, 1917, and that death occurred on the date stated above at 9 P m. The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ... yrs. ... mos. 32 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) D. B. Slaton, M. D. Oct 31, 1917 (Address) Greenville

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Skipworth B. G. DATE OF BURIAL 11/2, 1917

20 UNDERTAKER Vieta Jenkins ADDRESS Greenville

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. See instructions on back of certificate.