

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH
County Linn
Township Jackson
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 253 File No. 14 13000
Primary Registration District No. 5353 Registered No. _____

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

FULL NAME Jessie Sloan

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April 4, 1880
(Month) (Day) (Year)

AGE 32 yrs. 0 mos. 22 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) g-o

BIRTHPLACE (City or town, State or foreign country) Springton Mo

NAME OF FATHER William Clark

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kansas

MAIDEN NAME OF MOTHER Mrs Morris

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Springton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Sloan

(ADDRESS) Clark St.

Filed April 29, 1912 REGISTRAR A. J. Minnick

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 1, 1912, to April 27, 1912, that I last saw her alive on April 27, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the lungs
23A
(Duration) 1 yrs. _____ mos. _____ ds.

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

(Signed) A. J. Minnick M. D.
April 29, 1912 (Address) Coen Springs Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 _____

PLACE OF BURIAL OR REMOVAL Clermont DATE OF BURIAL April 28, 1912

UNDERTAKER A. J. Petagine ADDRESS Springton Mo

