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: Clay

Township or Village: Fishing Rivn

or City: Mo City Mo (NO. ____ St.; ____ Ward)

Registration District No. 202 File No. 17 38719

Primary Registration District No. 4121 Registered No. 17

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

FULL NAME: Henry Slaughter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: Col.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

DATE OF BIRTH: Nov. (Month) 12 (Day) 1851 (Year)

AGE: 61 yrs. 1 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): X 1 = [illegible]

BIRTHPLACE (City or town, State or foreign country): Clay Co. Mo

PARENTS
NAME OF FATHER: Elijah Slaughter
BIRTHPLACE OF FATHER (City or town, State or foreign country): Clay Co Mo
MAIDEN NAME OF MOTHER: Polly Ann Withers
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Minnie Farwater

(ADDRESS): Mo City Mo

Filed Dec 2 1912 W. L. Wysong REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 2 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 25, 1912, to Dec 2, 1912, that I last saw him alive on Dec 2, 1912, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ___ yrs. ___ mos. 9 ds.

Contributory (SECONDARY): Lobar Pneumonia

(Duration) ___ yrs. ___ mos. 9 ds.

(Signed) W. L. Wysong M. D.

Dec 2, 1912 (Address) Mo City 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 35 yrs. ___ mos. ___ ds. In the State 61 yrs. 1 mos. 20 ds.

Where was disease contracted if not at place of death? At Place of Death

Former or usual residence: usual

PLACE OF BURIAL OR REMOVAL: Mo City Mo

DATE OF BURIAL: Dec 3, 1912

UNDERTAKER: Jno Huston

ADDRESS: Mo City Mo

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 Clay

Township ~~Fishing River~~

or

Village

or

City Missouri City Mo (NO. ____, ____ St.; ____ Ward)

Registration District No. 202 File No. 18

Primary Registration District No. 4121 Registered No. 18

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

FULL NAME Alfred Writesman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH Nov (Month) 10 (Day), 1843 (Year)

AGE 69 yrs. ____ mos. 27 ds.

If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Clay Co.

PARENTS

NAME OF FATHER Daniel Writesman

BIRTHPLACE OF FATHER (City or town, State or foreign country) N. C.

MAIDEN NAME OF MOTHER Jane Crockett

BIRTHPLACE OF MOTHER (City or town, State or foreign country) N. C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Born & Walter Writesman

(ADDRESS) Mo. City Mo

Filed Dec 8, 1912 W. L. Wysong REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 8 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 29, 1912, to Dec 8, 1912, that I last saw him alive on Dec 8, 1912, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ____ yrs. ____ mos. 10 ds.

Contributory (SECONDARY) Pneumonia Lobar

(Duration) ____ yrs. ____ mos. 10 ds.

(Signed) W. L. Wysong M. D.

Dec 8, 1912 (Address) Mo City 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 6 yrs. ____ mos. ____ ds. In the State 69 yrs. ____ mos. 27 ds.

Where was disease contracted if not at place of death? at Place of Death

Former or usual residence usual

PLACE OF BURIAL OR REMOVAL Moore Cemetery

DATE OF BURIAL Dec 9, 1912

UNDERTAKER Fred Rowland

ADDRESS Orick