

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

Do not use this space.

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.

**JUL 20 1927**

**PLACE OF DEATH**  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City Overland, Mo. (No. #9705 Midland Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Potts Slough  
 (a) Residence. No. #9705 Midland Ave. Ward \_\_\_\_\_  
 (Usual place of abode)

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

16207  
 File No. \_\_\_\_\_  
 Registered No. 1K2

**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** Dorothy W. Slough

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** June 27<sup>th</sup> 1856

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<u>70.</u>	<u>10.</u>	<u>16</u>	<u>FB</u>

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Claim Agent  
 (b) General nature of industry, business, or establishment in which employed (or employer) United Railway  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 13 1927

**17. I HEREBY CERTIFY** That I attended deceased from May 13 1927 to May 13 1927, that I last saw him alive on May 13 1927, and that death occurred, on the date stated above, at 8:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Chronic Myocarditis  
936 90B  
 (duration) yrs. mos. ds. \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** Focal Infection  
 (duration) yrs. mos. ds. 20

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cincinnati O.

**10. NAME OF FATHER** John P. Slough

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**12. MAIDEN NAME OF MOTHER** Belle W. Blean

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** 2  
**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
 (Signed) J. L. Fieley, M. D.  
 Address 5714, 1927 4064 Olive

\*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.

**14. INFORMANT (Address)** Mrs Dorothy W. Slough  
#9705 Midland, Ave.

**15. FILED** 57 1927 7/15  
Wella B. C. M. D.  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Valhalla Crem. **DATE OF BURIAL** 5-16-1927

**20. UNDERTAKER** P. R. Repton. **ADDRESS** 4449 Olive Street.

Linnell 3478.