MAR 16 1928

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

Do not use this space.

1. PLACE OF DEATH

County Barry — Registration District No. 30 — File No. 3943

Township — Primary Registration District No. 3003 — Registered No. 19

City Monett (No. ..... St. ..... Ward)

2. FULL NAME Bobbie Ray Sloan

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11, 1927

7. AGE — YEARS: — MONTHS: 4 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Tulsa (STATE OR COUNTRY) Okla

PARENTS

10. NAME OF FATHER: Ray A. Sloan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rudy (STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER: Grace Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ft Smith (STATE OR COUNTRY) Ark

14. INFORMANT: Ray A. Sloan (Address) Monett, Mo

15. FILED 2-24, 1928 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1928, to Feb 23, 1928 that I last saw him alive on Feb 23, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic Illens
898
1223
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Otitis media acute
(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Forrest Mitchell, M. D

, 19 (Address) Monett 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: I.O.O.F. Cemetery — DATE OF BURIAL: 2/24 1928

20. UNDERTAKER: Callaway's — ADDRESS: Monett

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.