

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

Do not use this space.

9838

1. PLACE OF DEATH

County..... Miller
Township..... Saline
City..... (No. St. Ward)

Registration District No. 561
Primary Registration District No. 5755a

File No.
Registered No. 14

2. FULL NAME

Mattie Celestia Slaughter

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

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 F 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) May 8 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Chiropractor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER Matthew Slaughter

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

12. MAIDEN NAME OF MOTHER Celestia Fry

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

14. INFORMANT Chas Slaughter
(Address) Jefferson City, MO

15. FILED 3-30-28 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30/1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1 to 28, 1928, to Mar. 28, 1928, that I last saw her alive on 23th Mar, 1928, and that death occurred, on the date stated above, at 3.40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Brights Disease followed up by pulmonary Edema
11 1/2 (duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) pulmonary Edema
since Nov. 1 - 1927 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NO AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urine test

(Signed) L W Mathus D.C.

, 19 (Address) Eldon 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 DATE OF BURIAL

Spring Garden Cem 3/31/1928

20. UNDERTAKER ADDRESS

W A Phillips Eldon MO

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.

1928

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