

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

16585

**1. PLACE OF DEATH**  
 County Llooper Registration District No. 218  
 Township \_\_\_\_\_ Primary Registration District No. 3015  
 City Boonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mr. Ace. G. Slonohew  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 17-1865

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
	<u>62</u>	<u>9</u>	<u>12</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Veterinary Slv.  
 (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)** Kentucky

**10. NAME OF FATHER** John Slonohew

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

**12. MAIDEN NAME OF MOTHER** Mary Pettit

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

**14. INFORMANT** Mrs. A. G. Slonohew  
 (Address) Boonville, Mo.

**15. FILED** Jan 1 - 1928 J. W. Smiley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 29 1928

**17. I HEREBY CERTIFY** That I attended deceased from May 1, 1928, to May 29, 1928 that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 10 am.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cholelithiasis perforativa  
177B  
12912413  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 da.

**CONTRIBUTORY (SECONDARY)** peritonitis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Walnut Grove Cem Boonville  
**DATE OF BURIAL** June 1 1928

**20. UNDERTAKER** Godman & Bolter Boonville  
 ADDRESS \_\_\_\_\_

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.

1078

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1660

