1926

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

Do not use this space.

31375

File No. .....

Registered No. 177

1. PLACE OF DEATH

County: Randolph — Registration District No. 735

Township: ..... — Primary Registration District No. 3034

City: Moberly (No. 301 Mc Kinsey St., ... Ward)

2. FULL NAME: Ina Louise Slavens

(a) Residence. No. 301 Mc Kinsey 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. 8 mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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 27th 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER: Allie Slavens

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

12. MAIDEN NAME OF MOTHER: Velmax Cheshire

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

14. INFORMANT: Allie Slavens
(Address) Moberly Mo

15. FILED 9/2, 1928 T. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Sept 1, 1928, that I last saw h. alive on Sept 1, 1928, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... 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? Clinical

(Signed) R. A. Mitchell, M. D.

9-2nd, 1928 (Address) Moberly 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: Moberly Mo

DATE OF BURIAL: 9-2nd 1928

20. UNDERTAKER: Mahaw and Son

ADDRESS: Moberly 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.