DEC 29 1928

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

Do not use this space.

37539

1. PLACE OF DEATH
County: Macon
Township: Valley
City: ..... (No. ..... St. ..... Ward)
Registration District No. 528
Primary Registration District No. 5722 A
File No. .....
Registered No. .....

2. FULL NAME: Eliza E Sloan

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D W Sloan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Ohio

PARENTS
10. NAME OF FATHER: David Cull
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER: Cynthia Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

14. INFORMANT: D W Sloan
(Address) Callao Mo

15. FILED Nov 11, 1928 W A Welch M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1928, to Nov 9, 1928, that I last saw h. on alive on Nov 9, 1928, and that death occurred, on the date stated above, at 2:0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.
(Signed) W A Welch, M. D.
Nov. 11, 1928 (Address) Callao 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
Hanard Cemetery	Nov 11 1928
20. UNDERTAKER	**ADDRESS**
H Bryant	Ethel 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.