

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

Do not use this space
10908
70858

1. PLACE OF DEATH

County Jackson Registration District No. 200

Township Kan Primary Registration District No. 200

City Highland No. 1725

File No. 1110
Registered No. 1110
St. _____ Ward _____

2. FULL NAME

Mary Slaughter
(a) Residence No. 1725 Highland 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-10-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 7 12

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

9. BIRTHPLACE (CITY OR TOWN) Hudora Kansas
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Stue Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hudora Kas.
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Martha Williams

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

14. INFORMANT Lutha Slaughter
(Address) 1725 Highland

15. FILED 7-27-29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 12-3-1928, to Mar. 21-29, 1929, that I last saw her alive on Mar. 23-29, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
13.1
92A (duration) yrs. 6 mos. ds.
CONTRIBUTORY Interstitial Nephritis
(SECONDARY) (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290 W
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
3/ (Signed) D. C. Clark & Sacker M. D.
18th, 1929 (Address) Vine Kansas City 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 Blue Ridge Lawn DATE OF BURIAL 3-23 1929

20. UNDERTAKER H. B. Moore ADDRESS 1820 E 18th

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.

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Mr. Walker.