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

Do not use this space.

15775

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No.
Township St. Francois — Primary Registration District No. 6018A — Registered No. 66
City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME William Slade
(a) Residence. No. Patterson Mo. 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. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Dolly Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 25, 1880

7. AGE: Years 49 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Reynolds Co., Mo

PARENTS
10. NAME OF FATHER: John Slade
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lesterville Mo
12. MAIDEN NAME OF MOTHER: Martha Adkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT (Address): Hospital Records, Farmington, Mo.

15. FILED Apl 27, 1929 B. J. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23 1929

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1929, to April 23, 1929, that I last saw him alive on April 23, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paresis 83
Syphilis 34
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 16
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Serological
(Signed) J. F. Hoctor, M.D.
4-24, 1929 (Address) Farmington, 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: Woods Cem — DATE OF BURIAL: 4/25 1929

20. UNDERTAKER: Yates and Co — ADDRESS: Piedmont 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.

MAY 20 1929

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MAY 24 1948