JUN 27 1929

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

Do not use this space.

22346

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 116
City Moberly (No. ..... St. ..... Ward)

2. FULL NAME Infant Louis Sleyster Not Named
(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: Male
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) June 2 1929

7. AGE — YEARS — MONTHS — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Louis Sleyster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Charters Co Mo
12. MAIDEN NAME OF MOTHER Lilly Brandt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Charters Co Mo

14. INFORMANT Louis Sleyster
(Address) Brunswick Mo

15. FILED June 4 1929 Dr Thos. S Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to June 3, 1929 that I last saw him alive on June 3, 1929, and that death occurred, on the date stated above, at 11.50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature about 6½ months

159 161a (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Tr L McCormick, M. D
June 3 1929 (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: Dalton Mo — DATE OF BURIAL: June 5 1929

20. UNDERTAKER: L W Meisel — ADDRESS: Brunswick

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.

WRITE PLAINLY, WITH UNFADING INK

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