

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

Do not use this space.

28400

1. PLACE OF DEATH

County Moniteau
Township Walker
City (No.) (Name) (No.) (Name)

Registration District No. 571
Primary Registration District No. 5769

File No.
Registered No. 44 (City Ward)

2. FULL NAME

Jaura Sleetes

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Sleetes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1892

7. AGE YEARS MONTHS DAYS 47 5 17
if LESS than 1 day, hrs. or min.

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)

(STATE OR COUNTRY) Ill

10. NAME OF FATHER

L. B. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER

Deb Kraus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Otto Sleetes
(Address) California Mo

15.

FILED 8-23-29 19. 29 Jos. W. Raitt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-21-1929

17.

I HEREBY CERTIFY, That I attended deceased from 8-12-1929, to 8-21-1929 that I last saw him alive on 8-21-1929, and that death occurred, on the date stated above, at 12-45 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Blood Poison

CONTRIBUTORY (SECONDARY)

36
47

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. K. Pohlman M. D.

21 - , 1929 (Address) California 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

B. Gust Kaseck 8-23-1929
20. UNDERTAKER ADDRESS

J. Wilson & Son California

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.

FILED 25 1929

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