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

Do not use this space.

166

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 8

Township — Primary Registration District No. — Registered No.

City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Asher L. Sluss

(a) Residence. No. State Hospital #2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11
5
9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1850

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

2

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

31

14. INFORMANT Jennie S Porter
(Address) 4010 Prospect K.C. Mo.

JAN 8

15. FILED 1930, 19 John G. Wt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Jan 5, 1930 that I last saw him alive on Jan 5, 1930 and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Exhaustion

162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164 (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? ~~Clinical~~ No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J R Bunch, M. D.

1/5, 1930 (Address) State Hosp #2

*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
Kansas City Missouri	Jan. 8 1930
20. UNDERTAKER N. O. Sidenfaden	ADDRESS 1802 Union St

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.