1930

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

Do not use this space.

2384

1. PLACE OF DEATH

County Ripley — Registration District No. 750 — File No. 19

Township Flat Wood — Primary Registration District No. 5985 — Registered No. 934

City ..... (No. ..... 6980 ..... St. ..... Ward)

2. FULL NAME Benjamin Winston Slayton

(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 76 yrs. 9 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh Am.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Gamlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 3-1852

7. AGE: 76 YEARS — MONTHS: 9 — DAYS: 8 — 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): Agriculture
(c) Name of employer: B.W. Slayton

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Tennessee

PARENTS

10. NAME OF FATHER: Abel C Slayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Nancy B Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: SE Cox from own
(Address) Written Record

15. FILED 1/12-1930 E B Johnston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1929, to Jan 11, 1930, that I last saw him alive on Dec 27, 1929, and that death occurred, on the date stated above, at 10 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
95B
10LB
2 yrs (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Asthma (Cardiac)
1 yr (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 996

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) J W R Hurst, M.D

, 19 (Address) Dunnigan 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: Fair Dealing Mo — DATE OF BURIAL: 1-13-1930

20. UNDERTAKER: Mr. Fish — ADDRESS: Naylor Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Ripley — Registration District No. 751 — File No. 289
Township Flat Wood — Primary Registration District No. 6280 — Registered No. 4
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Benjamin Winston Slayton
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Gamlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3-1853

7. AGE: Years 76 — Months 9 — Days 8 — 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) Agriculture
(c) Name of employer B. W. Slayton

9. BIRTHPLACE (CITY OR TOWN) Trinton
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Abel C. Slayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Nancy B. Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia

14. INFORMANT S. E. Cox from own
(Address) written record

15. FILED 4/10 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Jan 11, 1930 that I last saw him alive on Dec 27, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
..... (duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Asthma (Cardiac)
..... (duration) 1 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? Clinical only
(Signed) John R. Hume, M.D.
, 19 (Address) Doniphan 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: Fair Dealing Mo — DATE OF BURIAL: 1-13 1930

20. UNDERTAKER: Mr Gish — ADDRESS: Naylor Mo

SUPPLEMENTARY

... RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-2384