MAR 27 1930

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

Do not use this space.

5475

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No.
Township W-6 — Primary Registration District No. 3023 — Registered No.
City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Margarite Josephine Sloan
(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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF C.B. Sloan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-15-1873

7. AGE: Years 56 — Months 8 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 46 49
(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) Bates Co. Mo.

PARENTS
10. NAME OF FATHER C.P. Norman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Josie Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT C.B. Sloan
(Address) Knob Noster Mo

15. FILED 2/15 1930 Mrs Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13. 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 13, 1930 that I last saw her alive on Feb 13, 1930, and that death occurred, on the date stated above, at 10:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Ovary with peritoneal metastasis.
..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 46
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 6/30
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. F. Parker, M. D
Feb 14, 1930 (Address) Warrensburg 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: Liberty Cem.
DATE OF BURIAL: 2/15 1930

20. UNDERTAKER: C.L. Saults
ADDRESS: Knob Noster Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.