MAR 28 1930

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

Do not use this space.

5678

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.:

Township: Marion — Primary Registration District No.: 3004 — Registered No.: 29

City: Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

2. FULL NAME Thomas Slaughter

(a) Residence. No. 608 Sycamore St. 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 30. 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
21	5	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) Laurton, Ball Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas C. Slaughter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ball Co. Missouri
12. MAIDEN NAME OF MOTHER Margaret Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ball Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Thomas C. Slaughter
(Address) Hannibal Mo

15. FILED 3/10, 1930 C. E. Cousins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9- 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1930 to Feb 8, 1930, that I last saw him alive on Feb 8 1930, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonitis, Incipient by Penetration of Abscess
115A
49B L.P.
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) General Infection
(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) A. C. Rosell M. D.
, 19 (Address) Hannibal 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
Mt Olivet Cemetery	2-11 1930
20. UNDERTAKER	**ADDRESS**
James O'Donnell	Hannibal Mo