MAY 22 1930

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

Do not use this space.

11649

1. PLACE OF DEATH
County Benton — Registration District No. 61 — File No.
Township Lindsay — Primary Registration District No. 5097 — Registered No. 9
City (No. St. Ward)

2. FULL NAME Lila McCartney Slapper
(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: Waldo Slapper
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 15 1905
7. AGE: YEARS 25 — MONTHS 0 — DAYS 18 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Mo

PARENTS
10. NAME OF FATHER: Lewis McCartney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Addie Perry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Addie McCartney
(Address) Warsaw Mo
15. FILED 4/4, 1930 Jas A Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 3 1930
17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1930, to Apr 3, 1930 that I last saw her alive on Apr 3, 1930 and that death occurred, on the date stated above, at 7 p m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia
146 (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) 148 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James A Logan, M. D.
4/4, 1930 (Address) Warsaw 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: Sunnyside Cem — DATE OF BURIAL: 4/4 1930
20. UNDERTAKER: J B Calbert — ADDRESS: Lincoln Mo

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.