JUN 25

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

Do not use this space.
15740

1. PLACE OF DEATH
County: DeKalb
Township: Camden
City: Maysville (No. ..., ... St. ... Ward)
Registration District No. 209
Primary Registration District No. 41 58
File No.
Registered No.

2. FULL NAME Ethel 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fenton E. Sloan
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 9 1881
7. AGE: Years 49 | Months 1 | Days 1 | 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): DeKalb Co
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Wm L. Meek
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Vermillion Co
(STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Melvina Lipscomb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fulton Co
(STATE OR COUNTRY): Ill.

14. INFORMANT: Elba C. Meek
(Address): Maysville Mo
15. FILED: 5/11, 1930 J. F. Phillips REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1930, to May 9, 1930, that I last saw her alive on May 9th, 1930, and that death occurred, on the date stated above, at 3:30 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Liver
Stomach and Duodenum
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Chr. myocarditis
(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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. R. Reynolds M.D.
, 19 (Address) Maysville, 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: Westerly Mo
DATE OF BURIAL: 5/12 1930
20. UNDERTAKER: F. L. Davis
ADDRESS: Maysville

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.