

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

Do not use this space.

16121

1. PLACE OF DEATH Jackson County Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City KC Mo (No. Research Hoop) St. Mo Ward 2

2. FULL NAME Susan O. Slaughter  
 (a) Residence. No. 1232 E 22nd St. Ward. 2  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED (WIDOWED) OR DIVORCED HUSBAND'S (OR WIFE OF) James O. Slaughter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 26

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) 1864 1947 107A  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

10. NAME OF FATHER Thomas Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT James B. Slaughter  
 (Address) 1232 E 22nd No. KC Mo

15. FILED 5/14 1930 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Mo Mo 1930 to Mo 1930 that I last saw her alive on May 11, 1930 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hypertension pneumonia  
Broncha  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Heart left big  
acc fall. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Mo  
 (DID AN OPERATION PRECEDE DEATH) Mo DATE OF 10  
 WAS THERE AN AUTOPSY? Mo  
 WHAT TEST CONFIRMED DIAGNOSIS clinical findings  
 (Signed) H. Spradley M. D.  
5/10 1930 (Address) North Kansas

\*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 Bany Cem. Bany Mo DATE OF BURIAL 5/12 1930

20. UNDERTAKER Morton & Co. ADDRESS Mo KC Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

