JUL 21 1930

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

85

Do not use this space.

18683

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. 1001 — Registered No. 773
City St. Joseph Mo. (No. 5308 Pryor St. Ward)

2. FULL NAME Sophia Slo

(a) Residence. No. 5308 Pryor 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 28 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	20	

8. OCCUPATION OF DECEASED 791
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George Slo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hungary
12. MAIDEN NAME OF MOTHER Rosie Podman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Romania

14. INFORMANT George Slo
(Address) St Joseph Mo.

15. FILED JUL 21 1930, 19 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to June 18, 1930, that I last saw h.e.r. alive on June 17, 1930 and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Streptococcal Meningitis (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Streptococcal Infection of the Brain membranes Source unknown (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Bacteriological
(Signed) William A Robertson, M. D.
June 18, 1930 (Address) St. Joseph 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: Mt. Olivet — DATE OF BURIAL: June 21 1930
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Carlton

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.