

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

Do not use this space.

19078

1. PLACE OF DEATH

County Franklin Registration District No. 294
 Township Prairie Primary Registration District No. 3418
 City Wentzmo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 32

2. FULL NAME

William Franklin Slatten

(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 21 - 1860</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
| | <u>70</u> | <u>4</u> | <u>2</u> | |
| 8. OCCUPATION OF DECEASED | | | | |
| (a) Trade, profession, or particular kind of work <u>Farm Laborer - 17</u> | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) <u>93</u> | | | | |
| (c) Name of employer <u>11</u> | | | | |

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

PARENTS

10. NAME OF FATHER Nicholas Slatten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Lucinda Cardwell

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

14. INFORMANT Dr. Martha Jennings
 (Address) St. Clair, Mo. R. 1.

15. FILED 6/25 - 30 W. E. Kitchell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1930, to June 23, 1930, that I last saw him live on June 23, 1930, and that death occurred, on the date stated above, at 10 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastrointestinal Intestinal Ulcers + Myocarditis
 (duration) 2 yrs. 7 mos. - ds.

CONTRIBUTORY (SECONDARY) Pyorrhoea alveolaris
Chronic (duration) 7 yrs. - mos. - 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 symptoms
 (Signed) C. F. Briggleb, M. D.
June 27 1930 (Address) St. Clair, 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 Prospect - Country DATE OF BURIAL 6/25 1930

20. UNDERTAKER Casey ADDRESS St. Clair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. PHYSICIAN should state EXACTLY. AGE should be stated EXACTLY. Exact amount of alcohol consumed should be stated EXACTLY. Exact amount of tobacco consumed should be stated EXACTLY.

