10

NOV 21 1930

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

Do not use this space.

32106

1. PLACE OF DEATH

County Boone — Registration District No. 76 — File No. 4

Township Cedar — Primary Registration District No. 510-B — Registered No.

City Claysville Mo (No. ..... St. ..... Ward)

2. FULL NAME George W. Slate

(a) Residence. No. Claysville St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Barbra Slate ~~Barbary~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	—	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 18(A) 194(B) 111(B)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Slate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER — Carter

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

14. INFORMANT Archie Slate
(Address) Claysville Mo

15. FILED 11/6, 1930 H. A. Niemeyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from 15th Sept, 1930 to 12 Oct, 1930 that I last saw him alive on Oct 13, 1930, and that death occurred, on the date stated above, at 6:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Left hip from a fall in his house

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED his home at Claysville Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) C. P. Megee, M. D.

, 19 (Address) Hartsburg 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	DATE OF BURIAL
Mt Pleasant	Oct 14 1930
20. UNDERTAKER R. O. Wiseett	ADDRESS Columbia

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.