

NOV 26 1930

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

Do not use this space.

33497

1. PLACE OF BIRTH

County MadisonRegistration District No. 530Township EastleyPrimary Registration District No. 5708City J. B. Slaughter

File No.

Registered No.

St. Ward)

2. FULL NAME

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Sept 20 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

7110

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

Andrew Slaughter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Mary Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

14. INFORMANT

(Address)

Lowell Slaughter
Yarrow, Mo. R.F. 5

15. FILED

11-1 1930 Florence Patrick

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 193017. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Oct 20 1930 that I last saw him alive on Oct 17 1930 and that death occurred, on the date stated above, at his home

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At Place of death19. DID AN OPERATION PRECEDE DEATH? No DATE OF —WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Chlorine test(Signed) Jasper W. Hobbs, M. D., 19 1930 (Address) Goldberry 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. CarmelOct 22 1930

20. UNDERTAKER

ADDRESS

W. H. McCallumS. Lifford

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.

