

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.

DEC 22 1930

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

Do not use this space.

36928

1. PLACE OF DEATH

County Nodaway Registration District No. 625 File No. _____
Township Polk Primary Registration District No. 3031 Registered No. 93
City Maryville (No. _____) St. _____ Ward _____

2. FULL NAME

Bert A. Sleeth

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
3 9 10 21

8. OCCUPATION OF DECEASED
(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) (STATE OR COUNTRY) Colo Co Illinois

10. NAME OF FATHER Clarence Sleeth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Colo Co Ind

12. MAIDEN NAME OF MOTHER Lula DeVore

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

14. INFORMANT Clarence Sleeth
(Address) Barnard Mo

15. FILED 11-18 19. 30 C. P. Fryer
M.E.C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I had deceased from Nov 12 1930, 19____ to Nov 13 1930, that I last saw him alive on Nov. 13 1930, and that death occurred, on the date stated above, at 5-10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Extensive hot water burn from falling into a tub.

(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTOR (SECONDARY) 179
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. J. Bell M. D.
, 19 (Address) Maryville, 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 Miriam Cemetery DATE OF BURIAL 11-15 1930

20. UNDERTAKER Paul Funk Maryville Mo ADDRESS _____

