

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

Do not use this space.

38488

1. PLACE OF DEATH

County Barlow
Township General
City (No.)

Registration District No. 44
Primary Registration District No. 5066

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Oliver Brown Slinker

(a) Residence. No. St. Ward.
(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.
(If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth F. Slinker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-15-1859</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAY <u>14</u>
If LESS than 1 day, hrs. or min.		

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)

9. BIRTHPLACE (CITY OR TOWN) Jasper County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W W Slinker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Dominda H. Bastin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Shelby Slinker
(Address) Lamar, Mo.

15. FILED 12-12-1930 A. E. Locker M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to Dec 9, 1930 that I last saw him alive on Dec 12, 1930, and that death occurred, on the date stated above, at 2:07 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
1 13
11/19/30
(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) 4/4/0
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W H Applewell M. D.
12-10-1930 (Address) Lamar 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 <u>Santha Cemetery</u>	DATE OF BURIAL <u>Dec 11 1930</u>
20. UNDERTAKER <u>St. Anthony</u>	ADDRESS <u>Lamar</u>

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.

19 1930

