

MAR 27 1931

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

6799

1. PLACE OF DEATH

94 County St. Francois  
Township 11 11  
City DeLassus (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Harriett Elizabeth Sloss

(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 F. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 / 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 8 26

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fredericktown, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Yelberton Kemper

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

12. MAIDEN NAME OF MOTHER Mary Ann Baum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co. Mo.  
(STATE OR COUNTRY)

14. INFORMANT Mary Tolman  
(Address) Farmington, Mo.

15. FILED 2-13 1931 J. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/13 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to Feb 12, 1931 that I last saw h. or alive on Feb 9th, 1931, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

18. WERE THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Carl M. Henn M. D.

2/13, 1931 (Address) Farmington, 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

Park View Cem. Farmington 2/14 1931

20. UNDERTAKER ADDRESS

Ed. H. Webb, Fredericktown, Mo.

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.

WRITE PRINT WITH CAPS IN THESE SPACES A PERMANENT RECORD

