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

MAR 23 1931

69

Do not use this space.

1. PLACE OF DEATH
County Bollinger
Township Filmore
City ..... (No. ....., 5705 St. ..... Ward)

Registration District No. ~~1026~~
Primary Registration District No. ~~5120a~~

File No. 8746
Registered No. 4

2. FULL NAME Hattie S. Slinkard.

(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 Fem
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 Andrew Slinkard.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	7	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Eli A Tripp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison Co., Mo
12. MAIDEN NAME OF MOTHER Sarah Whitener
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison Co., Mo.

14. INFORMANT J. Andrew Slinkard
(Address) Glen Allen Mo.

15. FILED 3/10, 1931 John Brower
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 4 1931.

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Mch 4, 1931 that I last saw her alive on on Mch 2, 1931, and that death occurred, on the date stated above, at 1.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastritis
127B
118C
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 1929.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Adam F. Warner, M. D
3-5, 1931 (Address) Gravelton 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 Moore's Chapel Cem
DATE OF BURIAL [illegible] 19[illegible]

20. UNDERTAKER
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION [illegible]

1947

JAN 10 1947

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH

County: Bollinger — Registration District No. 69 — File No.

Township: Filmore — Primary Registration District No. 5105 — Registered No. 4

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hattie S. Slinkard

(a) Residence. No. ..... 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)
F	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24-1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	7	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Madison Co Mo

PARENTS

10. NAME OF FATHER Eli A Tripp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison Co Mo

12. MAIDEN NAME OF MOTHER Sarah Whitener

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

14. INFORMANT Andrew Slinkard
(Address) Glen Allen Mo

15. FILED Apr 15, 1931 A. T. Kirkpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931 to Mar 4, 1931 that I last saw h. alive on Mar 2, 1931, and that death occurred, on the date stated above, at 1:45 P.m.

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..... (duration) ..... yrs. ..... mos. 8 ds.

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..... (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

3/5 (Signed) Clarence F. Wagner, M. D
, 19 31 (Address) Gravelton 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 Moore's Chapel Cem — DATE OF BURIAL Mar 6, 1931

20. UNDERTAKER R. J. Baker — ADDRESS Lutesville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-8746