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.

SEP 21 1931

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

Do not use this space.

27449

1. PLACE OF DEATH
County: Barton — Registration District No.: 40 — File No.:
Township: City — Primary Registration District No.: 4024 — Registered No.: 27
City: Lamar (No. , St. Ward)

2. FULL NAME: William M. Slyker

(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: 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: Clara Slyker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-23-1839

7. AGE — YEARS: 91 — MONTHS: 8 — DAYS: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1905
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilkesberry Pa

FATHER
13. NAME: Steven Slyker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Sativa Curtiss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Mrs. W. M. Slyker Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: K.C. Mo. Forrest Hill DATE: 9-1, 1931

19. UNDERTAKER (ADDRESS): C. F. Konantz Lamar Missouri

20. FILED: Aug 31, 1931 A. J. Mynatt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Aug 30, 1931
I last saw him alive on August 30, 1931. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate and Uremia	
137	
132B	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) J. H. Dieckett, M. D.
(Address) Lamar Mo.