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 22

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

Do not use this space.

27923

1. PLACE OF DEATH
County Dunklin — Registration District No. 254 — File No.
Township Freeton — Primary Registration District No. 5403 — Registered No. 16
City ~~Clarkton~~ (No. , St. Ward)

2. FULL NAME Sarah Catherine Slaughter
(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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Slaughter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27th 1848
7. AGE YEARS 83 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hufe
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) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Henry Slaughter Clarkton Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Standfield Cem DATE 8-24 1931
19. UNDERTAKER (ADDRESS) Geo Thompson Clarkton Mo
20. FILED 8-24 1931 J. B. Steinmetz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1931
22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1931, to 8-23, 1931
I last saw her alive on 8-23, 1931. Death is said to have occurred on the date stated above, at 6.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-17
107A	
107a	

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? no
If so, specify
(Signed) J. B. Steinmetz, M. D.
(Address) Clarkton Mo.