

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.

NOV 24 1931

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

Do not use this space.

28726-1

1. PLACE OF DEATH

County Lewis Registration District No. 480
 Township Primary Registration District No. 4289
 City La Grange (No.)

File No.
 Registered No. 16 St. Ward)

2. FULL NAME Lewis Clard Slater

(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 40 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23rd 1838		
7. AGE YEARS 92	MONTHS 8	DAYS 1
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	
	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) Indiana		
MOTHER FATHER	13. NAME John Slater	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known	
	15. MAIDEN NAME not known	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -	
17. INFORMANT John Slater (ADDRESS) La Grange, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Aug 26 19 31		
19. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.		
20. FILED <u>Aug 26, 1931</u> <u>W. S. Eddy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1931

22. I HEREBY CERTIFY, that I attended deceased from Aug 24 1931, to Aug 24 1931.
 I last saw him alive on Aug 24 1931. Death is said to have occurred on the date stated above, at 8:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Acute Entero-toxic Date of onset 17/31
120
 Other contributory causes of importance:

Name of operation ✓ Date of
 What test confirmed diagnosis? Chest Was there an autopsy? no

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) W. S. Eddy M. D.
 (Address) La Grange, Mo.

