

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.

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

Do not use this space.

39144

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 2 East Route City Hospital #1 St. Ward) 11318
Registered No.

2. FULL NAME

Irving F. Sleeper
(a) Residence, No. # 721 Woodfellow Ward. 5
(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 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 Anna Sleeper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>2</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>President</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Proctor County Co</u>
	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) Lowell, Mass

13. NAME James Sleeper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell, Mass

15. MAIDEN NAME Betsy Perham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell, Mass

17. INFORMANT (ADDRESS) Mrs Anna Sleeper # 721 Woodfellow

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 11-11-1931

19. UNDERTAKER (ADDRESS) P. R. Lupton & Sons # 4949 Olive Street

20. FILED 11/11/31 19 Nov 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9th, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:
730

Date of onset
Chronic Myocarditis

Other contributory causes of importance:
730

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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 No injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) J. M. D. [Signature]
M. D. [Signature]

