

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

Do not use this space.

7470

85

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St Joseph (No. Miss Meach Hospital) St. _____ Ward _____

File No. _____
 Registered No. 259

2. FULL NAME Garland Stewart Sloan

(a) Residence, No. _____ St. _____ Ward. Fawcett Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	0	09	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Fawcett Missouri

13. NAME Harry Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Missouri

15. MAIDEN NAME Leanna Stanfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Harry Sloan Fawcett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo DATE Mar 29 1932

19. UNDERTAKER (ADDRESS) Allen Funeral Home 1946 Cathlamet St

20. FILED 3-17 32 John R Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 1932 to March 17 1932

I last saw h. alive on March 17 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

Bronchopneumonia Date of onset 3/14/32

1590
10/1/57

Other contributory causes of importance: Conjunctival Heart Disease 11/15/32

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. T. Roger Moore, M. D.

(Address) St Joseph Mo

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.

APR 25 1932

