

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

Do not use this space.

14065

1. PLACE OF DEATH

County..... Registration District No. 570
Township..... Primary Registration District No. 700
City St. Louis (No. 2421, Dickson)

File No.....
Registered No. 3394
St. Ward)

2. FULL NAME

Marion Slaughter
(a) Residence, No. 2421 Dickson St., 21 Ward.

(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 53

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180

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) Ala 2

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 1

15. MAIDEN NAME unknown

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

17. INFORMANT Sarah J. Slaughter (ADDRESS) 2421 Dickson

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4/7 132

19. UNDERTAKER W. S. Trade, Und. Co. (ADDRESS) 1902 Franklin Ave.

20. FILED PR 46 Richard E. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to April 2, 1932
I last saw him alive on April 2, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

106A
190
130
acute nephritis 3-15-32
due to cold + exposure

Other contributory causes of importance: 1

acute Bronchitis 3-27-32

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? no 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) James J. Aldrich M. D.
(Address) 2823 1/2 N. Jefferson

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.

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