

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

Do not use this space.

15999

1. PLACE OF DEATH

48 County Jackson Registration District No. 397
 Township Scott Primary Registration District No. 4234
 City Greenwood (No. Residence) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Greenwood St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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 Slayton
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 - 7 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Gatonsville (STATE OR COUNTRY) Ohio

PARENTS
 10. NAME OF FATHER William Slayton
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gatonsville (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Olivia Cabint
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Willogby (STATE OR COUNTRY) Ohio

14. INFORMANT O. P. B. Slayton (Address) Lucis Summit Mo.

15. FILED July 2 1932 Mrs F. D. Sumpster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-19-1932
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to May 19 1932 that I last saw him alive on May 18 1932 and that death occurred, on the date stated above, at 5-8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930 (duration) several yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Ill
 IF NOT AT PLACE OF DEATH _____

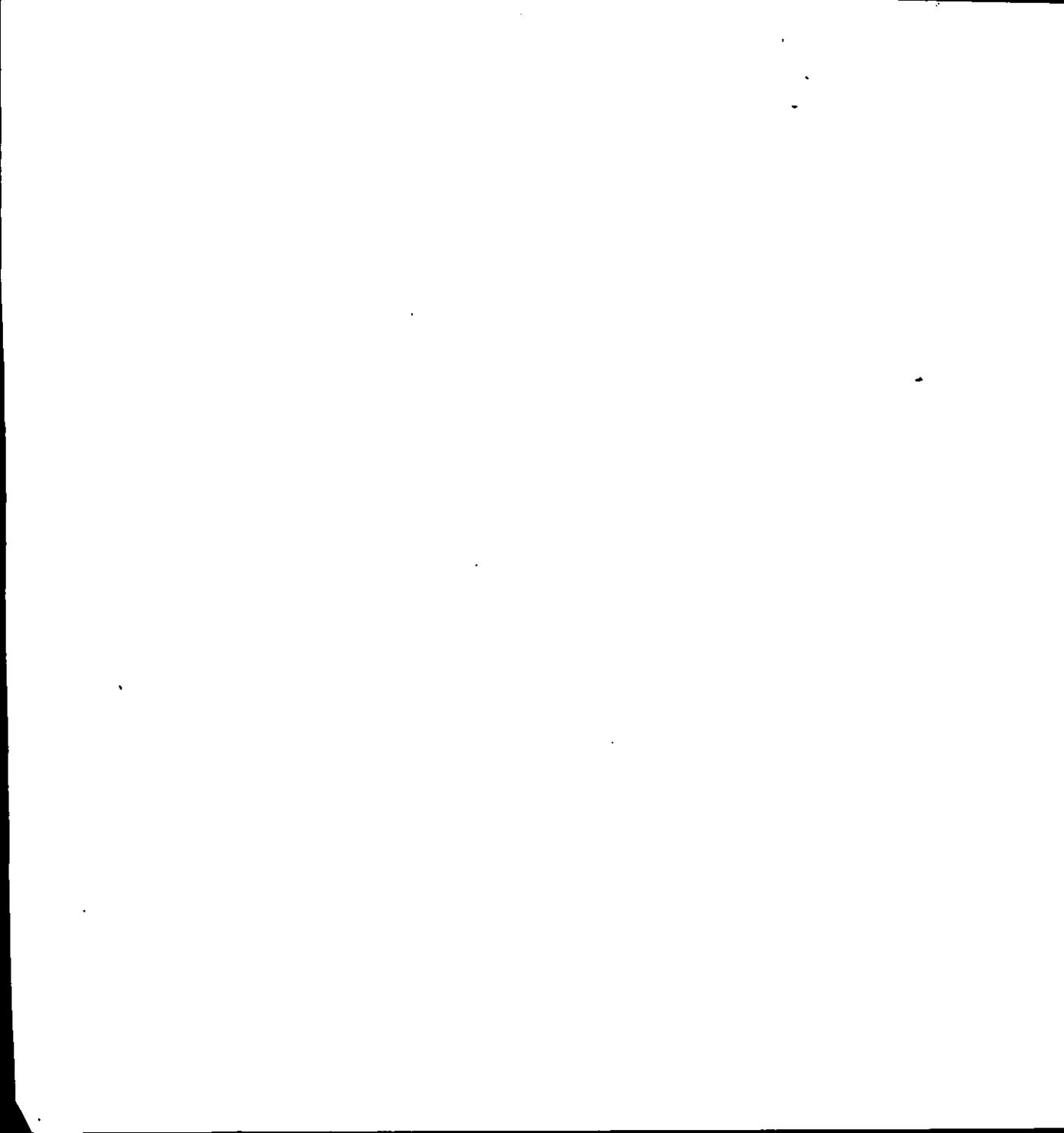
0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical
 (Signed) O. G. Subany M. D.
May 20 1932 (Address) Lucis Summit Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL May-21-1932

20. UNDERTAKER Lido James Co. ADDRESS Lucis Summit Mo.



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Greenwood
City Greenwood (No.)

Registration District No. 397
Primary Registration District No. 4234

File No.
Registered No.
St. Ward)

2. FULL NAME Leo F. Slayton

(a) Residence, No. St. Ward.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Lutes Mills Ohio

FATHER
13. NAME Wm Slayton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutes Mills Ohio

MOTHER
15. MAIDEN NAME Olivia Egbert

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

17. INFORMANT (ADDRESS) Dr R B Slayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons City Mo DATE May 21, 1932

19. UNDERTAKER (ADDRESS) Fields & James

20. FILED July 2, 1932 Mrs FD Sample Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to May 19, 1932. I first saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 5 P m.

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

Cardiac Myocardial
Other contributory causes of importance:
Date of onset

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?
If so, specify
(Signed) A. J. Slaney, M. D.
(Address) Lutes Mills Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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