

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

Do not use this space.

16590

1. PLACE OF DEATH

52 County ~~Knott~~ *Knott*
Township ~~Wutton~~ *Wutton*
City (No. St. Ward)

Registration District No. ~~1029-~~5602~~~~
Primary Registration District No. *5602*

File No. *85*
Registered No. *82*

2. FULL NAME

Thomas Sleeth

(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 <i>M</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>(Batchlor)</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 14, 1865</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>6</i>	DAYS <i>26</i>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer. *Knott Co. Mrs. I*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Knott Co. Mrs. I

PARENTS

10. NAME OF FATHER <i>Thomas Sleeth</i>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>21</i>
12. MAIDEN NAME OF MOTHER <i>Ueta M. Lupton</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)
Henry Lamb

15. FILED *76* 19*32*
Sarah Spivator
REGISTRAR
deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 7 1932*
17. I HEREBY CERTIFY, That I attended deceased from *May 3*, 1932 to *May 6*, 1932 that I last saw him alive on *May 6*, 1932, and that death occurred, on the date stated above, at *4 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease

18. WHERE WAS DISEASE CONTRACTED
32A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic Dysentery*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *30*

DID AN OPERATION PRECEDE DEATH? DATE OF *(3)*

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *H. A. Schmitt* M.D.
. 19 (Address) *Yorkland*

*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
2. O. O. F. Cemetery DATE OF BURIAL *May 9 1932*

20. UNDERTAKER
Geo. B. Early Jr. ADDRESS *Woodland*

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. JULY 28 1932

