

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

Do not use this space.

31287

1. PLACE OF DEATH
 114 County Wright Registration District No. 907
 Township Pleasant Valley Primary Registration District No. 6220
 City Manassah St. _____ Ward _____

2. FULL NAME Floyd Edward Slaughter
 (a) Residence, No. 47 West Maple St. St. _____ Ward Denver Colo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Fannie B. Slaughter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>4</u>	<u>11</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry 39

10. Date deceased last worked at this occupation (month and year) Feb 1, 1929 11. Total time (years) spent in this occupation 104

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Missouri

FATHER 13. NAME James Slaughter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known!

MOTHER 15. MAIDEN NAME Rachel Squalley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

17. INFORMANT Fannie B. Slaughter
 (ADDRESS) 47 W. Maple St. Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laramie Wyo. Sept 12, 1932

19. UNDERTAKER (ADDRESS) F. A. Steffe, Manassah, Mo.

20. FILED Sept 19, 1932 J. A. Fuson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1932 to Sept 9th 1932
 I last saw him alive on Sept 9, 1932 Death is said to have occurred on the date stated above, at 2 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
92A 92W
 Other contributory causes of importance:
Angina Pectoris

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) W. A. Zimmerman M. D.
 (Address) Manassah, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

SEP 27 1932

P. S. NO. 2

