

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

Do not use this space.

32819

**1. PLACE OF DEATH**

58 County Jesse Registration District No. 500  
Township Jefferson Primary Registration District No. 56.65  
City Jefferson (No.         ) St.          Ward         

**2. FULL NAME**

Robert M. Sloan  
(a) Residence, No.          St.          Ward           
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence A. Sloan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min. <u>        </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>all</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rented farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Iowa 2</u>		
FATHER	13. NAME <u>Butler Sloan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Penn</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Sloan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Florence Sloan Laelide Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laelide</u> DATE <u>Oct. 18</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Bruce Laelide Mo.</u>		
20. FILED <u>10/27/32</u> , 19 <u>32</u> <u>J. H. Bruce</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Oct 16, 1932  
I last saw him alive on Oct 14, 1932 Death is said to have occurred on the date stated above, at 12 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous Nephritis (Date of onset no history)  
131 / 131 / 1  
Other contributory causes of importance:  
Dilatation of Heart (17/10)

Name of operation major Date of           
What test confirmed diagnosis? 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? no  
If so, specify           
(Signed) J. H. Bruce, M. D.  
(Address) Laelide Mo

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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