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

Do not use this space.

File No. 129 40405

Registered No.

1. PLACE OF DEATH
County Lafayette — Registration District No. 461
Township — Primary Registration District No. 3024
City Lexington (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth (Lizzie) Slaughter
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: About 60 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lafayette County
(STATE OR COUNTRY) 1

PARENTS
10. NAME OF FATHER Christ Banks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER Maggie Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known.
(STATE OR COUNTRY)

14. INFORMANT Harry Briscoe
(Address) Lexington, Mo.

15. Dec 31, 19 32 FILED. J. W. Fredendall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 1932

17. I HEREBY CERTIFY, That I attended deceased from 12- 1932, to 12-29 1932, that I last saw h. alive on 12-29 1932, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
97 A
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James E. Bolin M. D.
, 19 (Address) 120 N. 12th St.

*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: Higginsville, Mo. — DATE OF BURIAL: 12/31 1932
20. UNDERTAKER: Johnson Funeral Home. — ADDRESS: Lexington, 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.

WHITE PERMANENT BIRTH RECORDS INK—THIS IS A PERMANENT RECORD