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

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.

MAY 22 1933

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

Do not use this space. 12443

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85

5 Township Primary Registration District No. 1001

City St Joseph (No. 1912 Pacific St. Ward)

File No.

Registered No. 399

9 2. FULL NAME Clarence Eugene Slayton

(a) Residence, No. 1912 Pacific St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie J.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/31-1851

7. AGE YEARS 82 MONTHS 2 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 40

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Unknown

FATHER

13. NAME John Slayton

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Unknown

MOTHER

15. MAIDEN NAME Harriet L Turner

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York Unknown

17. INFORMANT (ADDRESS) E. Slayton 1912 Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Hour City Tow DATE 4/16 1933

19. UNDERTAKER (ADDRESS) Shingley & Stanley St Joseph, Mo

20. FILED 4-14 1933 John R Gender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1915, to April 12, 1933

I last saw him alive on 4-12-30, 1933. Death is said to have occurred on the date stated above, at 7 30 m.

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

Hemiplegia

Date of onset Unk

Other contributory causes of importance:

none

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? No

If so, specify

(Signed) Will W Grow, M. D.

(Address) 222 Logan Bldg

Dr [illegible]