

Ronald Edlin
Do not use this space.

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

13019

File No. _____
Registered No. 8
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 324
Township Brighton Primary Registration District No. 5449
City Brighton (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ed Sloan Mo. 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 male 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 Lula Sloan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8-1894

7. AGE YEARS 39 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) April 5-1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Jim Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Fattie Yerberry

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

17. INFORMANT Bessie Hensley (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony's DATE April 5, 1933

19. UNDERTAKER (ADDRESS) W. K. Hines Springfield, Mo.

20. FILED April 10, 1933 W. K. Hines Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1933, to Apr. 4, 1933

I last saw him alive on Apr. 4, 1933; Death is said to have occurred on the date stated above, at 3^{1/2} pm.

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

Fracture of Lumbar Spine
Myocarditis - Chronic

Other contributory causes of importance:
1947
1950
1941
1940

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 3, 1933
Where did injury occur? Robertson County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on Pt's back
Nature of injury Fractured Spine

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify woodcutter
(Signed) Ronald F. Edlin, M. D.
(Address) Springfield Mo.

MARGIN RESERVED FOR BINDING

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

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