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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Schuyler — Registration District No. 804 — File No. 25290
Township Salt River — Primary Registration District No. 6088 — Registered No.
City ~~Queencity Mo.~~ (No. , St. Ward)

2. FULL NAME Dora Evelin Sloop
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William B. Sloop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 9, 1872

7. AGE: YEARS 60 — MONTHS 7 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schyuler county

FATHER
13. NAME: William Snook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sarah Fetters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): William B. Sloop

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greentop Cem, DATE: July 8th, 1933

19. UNDERTAKER (ADDRESS): William N. West, Queencity Mo.

20. FILED: July 10th 1933 Mrs O P Farrington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1933, to July 6, 1933
I last saw her alive on June 19, 1933. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
82 A
82.91
Other contributory causes of importance:
Heart Trouble

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? — 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) Dr. C. H. Van Osdol, ~~M. D.~~
(Address) Greentop Mo.
Osteopath