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.

SEP 26 1933

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

Do not use this space.
28598

1. PLACE OF DEATH
107 County Texas — Registration District No. 883 — File No. 2
Township Lynch — Primary Registration District No. 6138 — Registered No. 14
City Licking (No. ..... St. ..... Ward)

2. FULL NAME James Hescord 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 M. — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1930

7. AGE YEARS 2 MONTHS 9 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Child)
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) Licking Mo

FATHER
13. NAME Louis Slaughter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

MOTHER
15. MAIDEN NAME LeNora Elmore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo

17. INFORMANT (ADDRESS) Louis Slaughter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Cleave DATE Aug 19 33

19. UNDERTAKER (ADDRESS) Smith & Ferguson

20. FILED 9-10 1933 J. B. Ross Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Aug 18, 1933
I last saw him alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Remittent Fever | Aug 4/33 |
| 38 | |
| 107A 38 | |

Other contributory causes of importance:
Broncho Pneumonia 8/13/33

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? —
If so, specify .....
(Signed) H. L. Reed M. D.
(Address) Licking Mo.