

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

Do not use this space.

41636

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 10057
 City St. Louis, Mo. (No. 911 Goodfellow Ave.) St. Ward

File No.
 Registered No. 10656 St. Ward

2. FULL NAME

John T. Sluggett
 (a) Residence, No. 911 Goodfellow Ave. St. 5 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 Mary A. Sluggett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th 1855

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
78 7 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John T. Sluggett

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) Canada

13. NAME John T. Sluggett

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

15. MAIDEN NAME Margaret Regan

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

17. INFORMANT (ADDRESS) John T. Sluggett
911 Goodfellow Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Celvey DATE Dec 13th 1933

19. UNDERTAKER (ADDRESS) Mullen Yard
5165 Delmar St.

20. FILED 12 13 1933
J. H. Bueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1933, to Dec 11th, 1933
 I last saw him alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 12⁴⁵ A. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma liver
Ho E
97 A

Date of onset
Don't know

Other contributory causes of importance
Mitral disease
Heart

Name of operation Date of
 What test confirmed diagnosis? Usual 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) Frederick C. Brown, M. D.
 (Address) Paul Brown Bldg

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.

WRITE CLEARLY, WITH CARE AND PRECISION. THIS IS A PERMANENT RECORD

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 8
 15

Paul Brown
11-6