

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

Do not use this space.

1. PLACE OF DEATH

County Bultar Registration District No. 88 ✓
 Township North Primary Registration District No. 4054
 City Neeshville (No. _____) St. _____ Ward _____

File No. 4087
 Registered No. 8

2. FULL NAME

Mrs Maggie Dalton Slagle
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Daltry Slagle

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. or alive on August, 1923. Death is said to have occurred on the date stated above, at 3:40 a. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1871K

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 3 17

Date of onset

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

Angina Pectoris
9/11
9/17
arterio-sclerosis
10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shopton Illinois

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME William Hayes

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

15. MAIDEN NAME Sarah Bradley

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

17. INFORMANT George Richmond (ADDRESS) Neeshville

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Feb 14 1934

19. UNDERTAKER Cash Undertaking Co. (ADDRESS) Neeshville Mo.

20. FILED 8-11- 1934 B. L. Tinner Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) M. J. Lanning, M. D.
 (Address) Lanning Ark

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S 4087