MAR 24 1934

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

Do not use this space.

7586

1. PLACE OF DEATH

County: Washington — Registration District No. 887 — File No.

Township: Breton — Primary Registration District No. 6179 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Monroe Sloan

(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

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~~: Nellie Sloan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22 1858

7. AGE: Years 75 — Months 8 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Crawford Co

FATHER

13. NAME: Samuel Sloan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co

MOTHER

15. MAIDEN NAME: Elizabeth Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Nellie Sloan

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Potosi Mo. DATE: Feb. 15, 1934

19. UNDERTAKER (ADDRESS): Sparks & Sparks

20. FILED: Feb 26, 1934 — G. F. Cresswell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Feb 12, 1934, I last saw him alive on Feb 12, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Senile Arthritis	Indefinite
Senile Debility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinically 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) T. R. Dempsey M.D.
(Address) Potosi, Mo.

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.

WHITE PAPER, WITH STRAWING INKS IS A PERMANENT RECORD