MAY 25 1934

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

Do not use this space.

13810

1. PLACE OF DEATH
County Pettis
Township Longwood
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 5898

File No. 117
Registered No. 668

2. FULL NAME Unnamed Son of Luther & Mary Anna Sleeper
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-5th-1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Longwood Mo

FATHER
13. NAME Luther Sleeper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstonia Mo

MOTHER
15. MAIDEN NAME Mary Anna Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstonia Mo.

17. INFORMANT (ADDRESS) Luther Sleeper
18. BURIAL, CREMATION, OR REMOVAL
PLACE Houstonia DATE Apr-6th 1934
19. UNDERTAKER (ADDRESS) W. C. Westbrook Houstonia Mo
20. FILED 4-5- 1934 Jean Sluck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-5th, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1934 to Apr. 5, 1934
I last saw him alive on Apr. 5, 1934 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 8 Mon	
Poorly developed	

Other contributory causes of importance:
159
158
159

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) H. D. Prisoll, M. D.
(Address) Longwood 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.

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