

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. 4342 Lee Ave.)..... St. Ward)

File No. **18802**
 Registered No. **5319**

2. FULL NAME

Ben Slaughter
 (a) Residence, No. 4342 Lee Ave St. 10 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Kathleen Slaughter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Bartender</u>	
	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) <u>Bevier, Macon County, Mo.</u>		
FATHER	13. NAME <u>Milton Slaughter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisbury, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Packwood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Arlo Joseph Slaughter, 4342 Lee Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Macon, Mo.</u> DATE <u>May 26, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wm M. Schumacher Mortuary, 4834 East Jackson Ave.</u>		
20. FILED <u>V 28 1934</u> <u>J. B. Beck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to May 26, 1934
 I last saw him alive on 5-26-1934 Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 45 yrs
Arthritic Bronchitis

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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) W. H. Jones, M. D.
 (Address) 3605 W. Grand Blv.

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.

JUN 19 1934

