

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

Do not use this space.

41588

DEC 20 1934

1. PLACE OF DEATH

County Saline
Township Slate
City Slate

Registration District No. 799
Primary Registration District No. H477

File No. _____
Registered No. 5-6 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Usual place of abode)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Slate Mo

FATHER 13. NAME Charles Van Buren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slate Mo

MOTHER 15. MAIDEN NAME Opal Joseph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slate Mo

17. INFORMANT (ADDRESS) Charles Van Buren Slate Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Colored Cemetery, Slate Mo 29-34

19. UNDERTAKER (ADDRESS) John S. Sage, Slate Mo

20. FILED Nov 28, 1934 W. M. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1934, to Nov. 27 1934
I last saw him alive on Nov. 27 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Guleroesectis Date of onset 20th

Other contributory causes of importance: 1110

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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? Home (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? _____ If so, specify _____

(Signed) H. G. Doctwood, M. D.
(Address) Slate 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.

