

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.

Edmondson

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

Do not use this space.

JAN 1 2 1935

42654

1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township _____ Primary Registration District No. 2901
City Springfield (No. 2021) St. W. Taylor

File No. _____
Registered No. 357
St. _____ Ward 15

2. FULL NAME

Miss Ruth E. Slate
(a) Residence, No. 2021 W. Taylor St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1922
7. AGE YEARS 14 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. School girl
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) Frederia Kansas

13. NAME Guy Slate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oyster Canada

15. MAIDEN NAME Nora Jackson

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

17. INFORMANT Guy Slate (ADDRESS) 2021 W. Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Creek DATE Dec 30 1934

19. UNDERTAKER F. P. Prime (ADDRESS) Springfield Mo

20. FILED 2-30-1935 Registrar W. Taylor

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 26 Dec 1934 to Dec 28 1934
I last saw her alive on Dec 27 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Rheumatic Endocarditis
567
56
Date of onset _____

Other contributory causes of importance: _____

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) W. T. Edmondson, M. D.

(Address) 918 E. College St Springfield Mo

