

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

Do not use this space.

MAY 27 1935

13196

1. PLACE OF DEATH

County Jackson
Township Washington
City Hickman Mills

Registration District No. 404
Primary Registration District No. 5558
(No. Hickman Mills, Mo.)

File No.
Registered No. 21 St. Ward)

2. FULL NAME

Orlando V. Slaughter

(a) Residence, No. St. Ward. Hickman Mills
(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 Elizabeth Slaughter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Hickman Mills
(STATE OR COUNTRY) Missouri

13. NAME Elijah Slaughter

14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Amanda Davenport

16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

17. INFORMANT Mrs. Elizabeth Slaughter
(ADDRESS) Hickman Mills, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/18/35

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway K. C. Mo.

20. FILED 7/17 1935 GR 899 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13 1935 to April 15 1935

I last saw him alive on April 15 1935. Death is said to have occurred on the date stated above, at 10:30 m. P.M.

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

Heart failure

Date of onset

resulting from angina pectoris April 13, 35
(Chronic Myocarditis) 9/4/35
CHD

Other contributory causes of importance:
From information elicited it seems he was changing a piston 4/11-35 and the strain sustained caused a lesion of the valve of heart, had arterio-sclerosis

Name of operation Date of operation
What test confirmed diagnosis? 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
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?
If so, specify
(Signed) W. M. Slaughter M. D.
(Address) 4220 B. Ball St. K.C. 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.

