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.

DEC 3 1935

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

Do not use this space.

36778

1. PLACE OF DEATH

County Montgomery — Registration District No. 592 — File No.

Township Montgomery — Primary Registration District No. 5790 — Registered No. 34

City ~~Montgomery~~ (No. , St. Ward)

2. FULL NAME John J. Sleight

(a) Residence, No. 58 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 th 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	5	5	

OCCUPATION

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) (STATE OR COUNTRY) Berdan Ill

FATHER

13. NAME Henry Sleight

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

MOTHER

15. MAIDEN NAME Alice Blackshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) John Sleight Jr. Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montg City C. DATE II/7/35 19

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Nov. 6 1935 Bruce Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/5/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 1926 to Nov. 5, 1935

I last saw him alive on Nov. 2, 1935 Death is said to have occurred on the date stated above, at 7 A.m.

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

	Date of onset
1. Myocarditis, chronic	
2. Aretrio-schlerosis	
3. Arterial hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Phys. Exa. 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) Bruce Menefee, M. D.

(Address) Montgomery City, Missouri.