

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

Do not use this space.

39021

JAN 15 1936

1. PLACE OF DEATH

County Cole Registration District No. 214
Township Moreau Primary Registration District No. 5294
City (No.) St. Ward

File No. _____
Registered No. 22

2. FULL NAME Sylvester Jackson Slater

(a) Residence, No. Russellville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 7

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) Olean (STATE OR COUNTRY) Missouri.

13. NAME John Slater

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

17. INFORMANT John Slater (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enloe Cem. DATE Dec. 11th, 1935

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Dec. 17th 1935 Max. Mabel Barbour Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 9, 1935, 19, to Dec. 9, 1935, 19

I last saw him alive on Dec. 9, 1935, 19 Death is said

to have occurred on the date stated above, at 8-10 P.M.

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

Date of onset

A Penetrating Gun-shot wound in mid-fore-head at close range as evidenced by powder burn, evidently Suicidal

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 cause (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? _____

If so, specify Walter S. Lull M. D.

(Signed) Russellville, Mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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