

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

Do not use this space.

JUN 27 1936

19480

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township How Primary Registration District No. 1002  
City Kennett City (No. 147 South Kennington St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 2335  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Maria Slater  
(a) Residence, No. 147 South Kennington Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 3 7

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

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) Ohio

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Blanche Shadowen Santa Barbara Calif

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown Kans DATE May-14 1936

19. UNDERTAKER (ADDRESS) Mrs. C. R. Foster 918 Brooklyn R. C. Mo

20. FILED May 14 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 - 1936

22. I HEREBY CERTIFY, that I attended deceased from May 9, 1936, to May 13, 1936

I last saw h. m. alive on May - 13, 1936. Death is said to have occurred on the date stated above at 10:15 P. M.  
The principal cause of death and related causes of importance were as follows:

Pneumo - Pneumonia May 8  
1070

Other contributory causes of importance: Arteriosclerosis Fibriillata

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Spu 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Harold S. King M. D.  
(Address) 607 Republic Bldg

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.

Mr. Keising

Dr. Dean S. Keising

Argyle bldg -

vi-0848

4:00