

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.

JUL 24 1936

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

Do not use this space.

22974

1. PLACE OF DEATH

County Jackson  
Township Haw  
City H. C. Mo

Registration District No. 399  
Primary Registration District No. 1002  
(No. 575, Harrison)

File No. 2510  
Registered No. 2510  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Toy Slaughter  
575 Harrison

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Slaughter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>	
	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)  
Tenn

13. NAME Wm Snell

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

15. MAIDEN NAME Ellen Stammers

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

17. INFORMANT Bessie O'Noss  
(ADDRESS) 1304 Quincy Street, H. C. Mo

18. BURIAL, CREMATION, OR REMOVAL  
Blue Ridge Lawn DATE 6-16-36

19. UNDERTAKER Flynn + Greenstreet  
(ADDRESS) H. C. Mo

20. FILED 6/17/36 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1936

22. I HEREBY CERTIFY, that Toy Slaughter deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on 4/30 19\_\_\_\_. Death is said to have occurred on the date stated above, \_\_\_\_\_ m.

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

Other contributory causes of importance:  
MI

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy yes

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

