

JUL 24 1936

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

Do not use this space.

23526

1. PLACE OF DEATH

County Maries  
Township Boone  
City (No. ....) .....

Registration District No. 543  
Primary Registration District No. 6743

File No. ....  
Registered No. 8  
St. .... Ward)

2. FULL NAME John Sloan

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred X yrs. 3 mos. X ds. How long in U. S., if of foreign birth? X yrs. X mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Sloan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 5 23 X

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired tree sale  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sman  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Dixon,  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Sloan

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT W.A. Sloan  
(ADDRESS) Iberia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lawsen Cem DATE June 10 1936

19. UNDERTAKER Norman H. Stutz  
(ADDRESS) Weta

20. FILED June 13, 1936 Rosa Lawson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936. June 9, 1936

I last saw him alive on June 9, 1936 Death is said

to have occurred on the date stated above, at 3 p.m.

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

Cholecistitis with perforation Date of onset 6-8-1936

Other contributory causes of importance: Peritonitis 6-8-1936

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify X

(Signed) Carley Gates M. D.

(Address) Brinktown, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

