

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

Do not use this space.

25545

**AUG 15 1936**

**1. PLACE OF DEATH**

County Cayhan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St. Joseph (No. State Hosp #2)

File No. ....  
Registered No. 903 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Platts City Mo St., ..... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 9 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Whitten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1870

7. AGE YEARS 66 MONTHS 0 DAYS 3 IF LESS than 1 day, ..... hrs. or ..... min.

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) Steubenville Ky

13. NAME Gas. J. Sloan

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

15. MAIDEN NAME Elizabeth Slarity

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

17. INFORMANT (ADDRESS) Ervin M. Lutz Sloan Platts City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platts City DATE 7-11-36

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED July 8 1936 A. J. Neill Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29<sup>th</sup> 1936 to July 8<sup>th</sup> 1936  
I last saw him alive on July 7<sup>th</sup> 1936. Death is said to have occurred on the date stated above, at ..... m.

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

Acute Moribund Exhaustion  
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Other contributory causes of importance:  
Chronic Nephritis  
Lobar Pneumonia (Bilateral)

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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 .....

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

(Signed) J. R. Bunch M. D.  
(Address) State Hospital No 2

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

