DEC 3 1936

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

Do not use this space.

38712

1. PLACE OF DEATH
County Polk
Township Marion
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 701
Primary Registration District No. 5920

File No. .....
Registered No. 54

2. FULL NAME Rodolphus Boon Slagle
(a) Residence, No. ..... St., ... Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long [redacted] of foreign birth? yrs. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lecretia Slagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Merchant
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) Polk Co. Mo.

FATHER
13. NAME James Slagle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co.

MOTHER
15. MAIDEN NAME Elizabeth Utley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co.

17. INFORMANT (ADDRESS) T. R. Slagle Strafford Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willard DATE Oct. 18, 1936

19. UNDERTAKER (ADDRESS) Hutcheson-Blue

20. FILED Oct 19, 1936 J. P. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936, to Oct 17, 1936
I last saw him alive on Oct 14, 1936 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 10

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 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? No
If so, specify .....
(Signed) Doyle McCraw M.D.
(Address) Bolivar Mo

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.

20M-2-19-36 I X7294