

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.

APR 15 1937

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

Do not use this space.

11155

1. PLACE OF DEATH

County Buchanan Registration District No. 42 File No. 1
Township Marion Primary Registration District No. 5723 Registered No. 1
City Easton (No. _____) St. _____ Ward _____

2. FULL NAME

Cyrus Slaybaugh
(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 69 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

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 Lettie Slaybaugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 16

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. farm
10. Date deceased last worked at this occupation (month and year) March 27 - 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Buchanan Co.

13. NAME William H. Slaybaugh

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

15. MAIDEN NAME Elizabeth Messimer

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

17. INFORMANT (ADDRESS) Alberk Kroft Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heeman Chapel DATE 3/26 1937

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 4/12 1937 D. F. Long Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1937, to _____, 19____
I last saw him alive on Mar 17, 1937 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:

Angina Pectoris

Other contributory causes of importance: None
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? No
If so, specify _____
(Signed) G. J. Kimball, M. D.
(Address) Easton Missouri

