

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

Do not use this space.

AUG 11 1937

26327

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ros. Primary Registration District No. 1002
 City Kennett City (No. 1530) Lester St. _____ Ward _____

File No. _____
 Registered No. 3540
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1530 Lester 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Slutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>8</u>	<u>15</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting Contracts

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) Lima Ohio

13. NAME Joseph Slutz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa.

15. MAIDEN NAME Susan Wingate

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

17. INFORMANT Edith Slutz (ADDRESS) 1530 Lester

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 19, 1937

19. UNDERTAKER E. L. Law Funeral Home (ADDRESS) W. C. Mo.

20. FILED July 17, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 2, 1937, to July 16, 1937
 I first saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 10:40 A.M.

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

Broncho-Pneumonia Date of onset 7-14-37

50

Other contributory causes of importance:

Bronchitis of Right (Breath Primed) + Chest was treated at Fox Hill Hospital from about

Name of operation Operation of Grand Hospital Date of _____
 What test confirmed diagnosis _____

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. R. Foster _____, M. D.

(Address) 1529 Fisher Ave
Kennett City Mo

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.

MAY 28 1953