

AUG 23 1937

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

Do not use this space.

27189

1. PLACE OF DEATH

County *Clinton*
Towship *Jackson*
City *Clinton* (No. *1*)

Registration District No. *312*
Primary Registration District No. *4188*

File No. _____
Registered No. *14*
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. *King City Mo.* 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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertha Slenson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-7-1853*

7. AGE YEARS *84* MONTHS *6* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

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. *Farmer*

10. Date deceased last worked at this occupation (month and year) *Dec 1936* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*13. NAME *Montgomery Slenson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*15. MAIDEN NAME *L. A. Whitfield*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*17. INFORMANT (ADDRESS) *Agnes Slenson*18. BURIAL, CREMATION, OR REMOVAL PLACE *King City* DATE *7-28-37*19. UNDERTAKER (ADDRESS) *P. J. Taggart*20. FILED *7/27/37* *Donald D. Gault* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 14, 1936, to July 26, 1937*I last saw him alive on *July 25, 1937* Death is saidto have occurred on the date stated above, at *11:00 a.m.*

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

Date of onset

Sarcoma (bone) of ribs
Metastases in general

Other contributory causes of importance: *53*
Senility. Arteriosclerosis

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 _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Blucytle. Immune*, M. D.(Address) *216 Phys. & Surg. Bldg.**St. Joseph, Mo.*

