

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.

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
County Ste. Genevieve Registration District No. 934
Township Union Primary Registration District No. 6026
City (No. _____) St. _____ Ward _____

File No. 31679
Registered No. _____

2. FULL NAME Jene M. Slouze
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 1918</u>		
7. AGE	YEARS	MONTHS
	<u>18</u>	<u>10</u>
		<u>24</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Massachusetts</u>	
	13. NAME <u>Albert Slouze</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Massachusetts</u>	
FATHER	15. MAIDEN NAME <u>Emma Busle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Massachusetts</u>	
17. INFORMANT <u>Albert Slouze</u> (ADDRESS) <u>Wilmington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wilmington Mo</u> DATE <u>Aug 29 1937</u>		
19. UNDERTAKER <u>Blas E. Becker</u> (ADDRESS) <u>St. Genevieve Mo</u>		
20. FILED <u>9-11-37</u> 19 <u>37</u> <u>W. A. Katter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27th 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1937 to Aug 27 1937
I last saw h^er alive on Aug 27 1937 Death is said to have occurred on the date stated above, at 1:40 P.
The principal cause of death and related causes of importance were as follows:

CORONARY THROMBOSIS
Q. D. B.
Other contributory causes of importance:
PULMONARY INFARCT.
Date of onset Aug 27 1937

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) Arthur E. Byrnes M. D.
(Address) St. Genevieve Mo

