

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Monroe  
Township Randolph  
City Leadwood (No. ....)

Registration District No. BB  
Primary Registration District No. 2024B

File No. 38663  
Registered No. 13  
St. .... Ward)

2. FULL NAME

Walter Monroe Slade

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1881

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937, to Oct 15, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 0 6 12

I last saw h. l. m. alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 11:15 P.M.

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. mining  
10. Date deceased last worked at this occupation (month and year) 1934  
11. Total time (years) spent in this occupation 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

Other contributory causes of importance: 23  
Name of operation none Date of .....  
What test confirmed diagnosis? Exam Was there an autopsy? NO

FATHER 13. NAME Robert Slade

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Eva Slade  
Leadwood mo

18. BURIAL, CREMATION, OR REMOVAL Leadwood mo DATE Oct 17 1937

19. UNDERTAKER (ADDRESS) J. S. Boyce & son  
Leadwood mo

20. FILED NOV 10 1937 W. E. Culbreth  
Reg. B. R. Registrar.

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) C. H. Phibbs, M. D.  
(Address) 7 East Olive mo

100 29 1981