

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

Do not use this space.

DEC 27 1937

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

File No.

Registered No.

42094

1099

1869

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

2

ds.

13

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 13

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

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

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

13. NAME Ermest Slaughter

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

15. MAIDEN NAME Novell Matherina

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

17. INFORMANT (ADDRESS) Ermest Slaughter
Wardell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell, Mo DATE 12-24-37

19. UNDERTAKER (ADDRESS) Trinco
Wardell Mo

20. FILED 12 9 1937 J. R. Crasy Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 3, 1937

I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at 5:15 p. m.

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

Broncho pneumonia

Date of onset 12-1-37

Other contributory causes of importance: Secondary Anemia

Name of operation none Date of none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937

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 none

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

If so, specify (Signed) Raymond C. Corral M. D.

(Address) Postleypville, Mo.

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

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3

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107a