

REC'D MAY 20 1938

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

15951
Do not use this space.

1. PLACE OF DEATH
(a) County Saline? Registration District No. 789
(b) Township Slater Primary Registration District No. 4479 Registered No. 25
(c) City Slater (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ mos. _____ ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.
2. PRINT FULL NAME Samuel J. Sloud 313
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mariss Sloud
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1885
7. AGE YEARS 50 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
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) Covington Ky
13. NAME George Sloud
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Elizabeth Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Linwood Sloud
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 4-29-38
19. FUNERAL DIRECTOR (ADDRESS) John H. Sloud
20. FILED 4-28-38 1938 W. M. Tuttle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-27-1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938 to April 27, 1938
I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at Slater, Mo.
The principal cause of death and related causes of importance were as follows:
Chr. myocarditis
Date of onset ?
93C-
Other contributory causes of importance:
Atherosclerosis
Date of onset ?
Name of operation None 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) C. A. McTurney M. D.
769 (Address) Slater, 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.

STATEMENT BY LICENSED EMBALMER

I, J. E. Jones, Licensed Embalmer No. 314
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jones
No. _____ or by J. E. Jones, Registered Apprentice No. _____
working under my personal supervision.

Signed J. E. Jones
Licensed Embalmer No. 314

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)