

REC'D MAY 25 1938

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

Do not use this space.

16048

1. PLACE OF DEATH
105 County Sullivan Registration District No. 853
3 Township Clay Primary Registration District No. 4516
0 City Harris (No. _____ St. _____ Ward _____)

2. FULL NAME George W. Sleeper 2116
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 20

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

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) Ill.

13. NAME Joseph Sleeper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Nancy J. Still

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

17. INFORMANT Grace L. Sleeper
(ADDRESS) Harris Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harris DATE Apr 10 1938

19. UNDERTAKER Judd & Payne
(ADDRESS) Meriden Mo

20. FILED Apr. 16 1938 Mrs. Ruth Tucker
Registrar. 768 (Address) Harris, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to April 8 1938
I last saw him alive on 4-8 1938. Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:
Virous Menstritis Date of onset 1933

Other contributory causes of importance: 93C

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? N.A.
If so, specify _____
(Signed) G. W. Sleeper Mo.
Harris, 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.

