REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cape County
Township
City Cape Girardeau Mo (No. Southeast Mo. Hospital St. Ward)
Registration District No. 125
Primary Registration District No. 3009
File No. 17919
Registered No. 136

2. FULL NAME Mr. John M. Slagle 47 ft
(a) Residence, No. White Water Mo St., Ward White Water Mo
(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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Louisa Slagle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1870
7. AGE: YEARS 67 MONTHS 7 mo DAYS 7 days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postmaster -
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) Marble Hill Mo - 0

FATHER
13. NAME Mr. Alfred Slagle 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

MOTHER
15. MAIDEN NAME Mary E. Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs ~~Etw~~ L. W. Zaiser Kansas City (daughter)
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May - 11 1938
19. UNDERTAKER (ADDRESS) Brinkoph Howell Cape Girardeau Mo.
20. FILED J - 7 1938 J. M. Thompson Registrar. 121

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938 to May 7, 1938
I last saw ~~him~~ alive on May 7, 1938 Death is said to have occurred on the date stated above, at 9:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endarteritis Obliterans	4/18 38
94 W	
Other contributory causes of importance: Angina Pectoris	1935

Name of operation None Date of
What test confirmed diagnosis? None 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) George H. Shaeker, M. D.
(Address) Cape Girardeau 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.