REC'D JUN 20 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Wayne Registration District No. 65 File No. 19837

Township Logan Primary Registration District No. 6192 Registered No. 5

City Patterson, Mo. (No. ..... St. ..... Ward)

2. FULL NAME George Sanford ~~Slater~~ Schlater 436

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10. 1853

7. AGE: YEARS 84 MONTHS 8 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pennsylvania

FATHER
13. NAME William Schlater,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Roden Bauch,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Chas. Slater Patterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson, DATE May 19. 1938,

19. UNDERTAKER (ADDRESS) Yates And. Co. Piedmont, Mo.

20. FILED June 16 1938 Mrs T. M. Polk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1938, to 5-17-, 1938

I last saw him alive on 5-17-, 1938. Death is said to have occurred on the date stated above, at none.

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

Cerebral Hemorrhage

Date of onset

824

Other contributory causes of importance:

Arteriosclerosis,

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? .....

If so, specify .....

(Signed) T. C. Pilcher, M. D.

813 (Address) Piedmont, 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.