

NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Halfway
City Brush (No. _____)

Registration District No. 4
Primary Registration District No. 4001

File No. 34951
Registered No. 189
St. _____ Ward _____

2. FULL NAME

Robert Sleeth Sr.

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 7

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

MOTHER FATHER 13. NAME Thomas Sleeth 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng. 1

15. MAIDEN NAME Pattie M. Gauthier

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

17. INFORMANT Jessie Sleeth
(ADDRESS) Brush, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brush DATE Oct. 18 1938

19. UNDERTAKER J. R. Emery
(ADDRESS) Brush, Mo.

20. FILED Oct 22 1938 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Oct 1938
I last saw him alive on Oct 13 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance (Chronic nephritis)
Redeem Involvement
& extreme age

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) H. M. Higcup 1, M. D.
(Address) Brush, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-422

Date Filed 11/14/38