REC'D DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry 2 Registration District No. ~~[illegible]~~ 358 File No. 39298

Township Shawnee 1 Primary Registration District No. 5502 Registered No. 8

City Chilhowee (No. ..... St. ..... Ward)

416

2. FULL NAME Mary A. Slifer

(a) Residence, No. Chilhowee, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J.A. Slifer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19-1859

7. AGE: Years 79 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Chilhowee Mo 0

FATHER
13. NAME: Robert Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known 9

MOTHER
15. MAIDEN NAME: Elizibeth McMahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known 9

17. INFORMANT (ADDRESS): Roy Dameron Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowee, Mo DATE 11-15-38 19

19. UNDERTAKER (ADDRESS): O.L. Cook Chilhowee, Mo

20. FILED 11-15 1938 E. G. Hibler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938, to Nov. 13, 1938

I last saw her alive on Nov. 12, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

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

Pulmonary Embolism — Date of onset

Other contributory causes of importance:

Hypertension

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? No

If so, specify .....

(Signed) Dr. E. C. Peelo, M. D.

318 (Address) Clinton, 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. 7
District File Number 7-38-449
Date Filed 12-5-38