

EC 5-1938

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

Do not use this space.

DEC 8 1938

1. PLACE OF DEATH

County St. Louis Registration District No. 284
Township Carondelet Primary Registration District No. 200
City Roch (No. 1) Roch Hosp

File No. 40439
Registered No. 1980
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2043 Park Ave St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-08

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 10 27

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. Factory work
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) Steele Missouri

13. NAME James Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

15. MAIDEN NAME Annie Clayton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgely Tennessee

17. INFORMANT (ADDRESS) Roch Hosp. Records Roch Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Dec-5-1938

19. UNDERTAKER (ADDRESS) J. H. Slaughter 2301 Lafayette St. Roch Mo.

20. FILED DEC 5 - 1938 W. M. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1938, to 12-3-1938.
I last saw h. or w. alive on 12-3-1938. 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:

Pulmonary Tuberculosis with Cavitation Date of onset _____

Other contributory causes of importance: lbc of heart

Name of operation Rt. Temporary Phary Date of 3-29-38
What test confirmed diagnosis? _____ Was there an autopsy? yes

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? Yes
If so, specify _____
(Signed) Robert J. Stashnick M. D.
(Address) Roch Hosp. Roch Mo.

WRITE PERMANENT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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