

REC'D APR 24 1939

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

9835

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Adair Primary Registration District No. 3001 Registered No. 74
 (c) City Hicksville Mo (d) Street No. Green Smith Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
465

2. PRINT FULL NAME

(a) Residence, No. Wallace Slavin (Slavin) St. Downing, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wassie Slavin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
 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) Schuyler Co Mo

FATHER 13. NAME John W. Slavin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key

MOTHER 15. MAIDEN NAME Hannah Prime

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

17. INFORMANT Wassie Slavin (ADDRESS) Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing Mo DATE Mar 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Loge Moore Downing Mo

20. FILED Mar 21 1939 Spencer Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14 1939, to March 21 1939

I last saw him alive on March 21 1939 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Fracture neck of right femur Date of onset 3-14-39

Other contributory causes of importance: Pneumonia, bronchial 3-17-39

Name of operation no Date of

What test confirmed diagnosis? gray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-14-1939

Where did injury occur? Downing Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place. Masonic Hall

Manner of injury Fell from ladder

Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify cleaning wall of building

(Signed) Alb. Branch M. D.

(Address) Keokukville Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-501

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Lloyd Moore, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.