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.

APR 19 1939

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

Do not use this space.

File No. 11630

Registered No.

1. PLACE OF DEATH
County Montgomery 2
Township Prairie 1
City Middletown Mo (No. ..... St. ..... Ward)
Registration District No. 591
Primary Registration District No. 4349

2. FULL NAME Elizabeth Ann Slavens

(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 Lifetime 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Benjamin F Slavens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2 1863

7. AGE: Years 75 | Months 3 | 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.: 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): Middletown O

FATHER
13. NAME: W. F. N. Rice 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Mary Haff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Leon E. Slavens

18. BURIAL, CREMATION, OR REMOVAL
PLACE Middletown DATE Mar 12, 1939

19. UNDERTAKER (ADDRESS): Pritchett-Kuhne

20. FILED 3/11, 1939 Leah Ring Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 9th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1936, to Mar 9th, 1939
I last saw h. alive on Mar 9th, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: 321

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? No

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) C. Hen[illegible], M. D.
(Address) Middletown, Mo.

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