

OCT 16 1939

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

Do not use this space.

33340

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Fishing River Primary Registration District No. 6237
City (No. 450) Elizabeth Sloan St. _____ Ward _____

File No. _____
Registered No. 25 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 64 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mes. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>J. T. Sloan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 - 1874</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo</u>		
MOTHER	13. NAME <u>Daniel Rutherford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Matilda Hubbard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>J. T. Sloan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union</u> DATE <u>Sept 17 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Slope</u>		
20. FILED <u>Sept 20, 1939</u> <u>E. E. Sloan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1939 to Sept. 15, 1939

I last saw her alive on Sept. 13, 1939. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage with right hemiplegia.

Date of onset _____

Other contributory causes of importance: JTB

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Oliver Buchner, M. D.
(Address) Lansan 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.

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, or by Scott W. Lockensmith, Registered Apprentice No. _____, working under my personal supervision.

Signed: Scott W. Lockensmith

Licensed Embalmer No. 3597

P.O. Address: Excelsior Springs, Mo.