

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

Do not use this space.

33627

1. PLACE OF DEATH

County Schuyler
Township Liberty
City Hanover (No. 1110)

Registration District No. 805
Primary Registration District No. 4484

File No. 68
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Benjamin Sloop

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annah Sloop (Deceased)

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939, to Sept 18, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1872

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 5

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presiding Judge
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) Sept 18, 1939
11. Total time (years) spent in this occupation one

apoplexy
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queeneity MO

FATHER
13. NAME Nicholas Sloop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Amelia Krittell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Glen Sloop Greenup, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenup Cem. DATE Sept 20, 1939

19. UNDERTAKER (ADDRESS) Wm. J. West
Queeneity MO

20. FILED Sept 19, 1939 Byrd H. Drake Registrar

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) D. J. Sullivan, M.D.
(Address) Greenup Mo. Croner

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. 10

District File Number 10-39-1765

Date Filed OCT 10 1939