

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

36927

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 702
 (b) Township Madison Primary Registration District No. 4423 Registered No. 20
 (c) City Fair Play, (d) Street No. _____ 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.

2. PRINT FULL NAME Eliza Jane Slater

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Slater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as 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) Green County, Mo.

FATHER 13. NAME James M. Melton,

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Lillian J. Barker
Fair Play, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aldrich, Mo. DATE Oct. 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William B. Ewing
Fair Play, Mo.

20. FILED 10-10-39 L. J. Hunt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Sep 27 1939, to Oct 5 1939

I last saw her alive on Oct 4 1939, 19____. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Undetermined except senility

Date of onset

Other contributory causes of importance: 16 2/3

Name of operation None Date of _____
Clinical
 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? _____
 If so, specify Chas H. Brown M. D.
 (Signed) _____ (Address) Fair Play 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.

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NOV 24 1939

RECEIVED

District Health Officer No. 7,

District No. number 11-39-1589

Date Filed 11-7-39

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.....

Frank Grable

Registered Apprentice No. 133

working under my personal supervision.

Signed *Willard B. Erwin*

Licensed Embalmer No. 3092

P. O. Address *Balmar Mo.*

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.