

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.

JAN 3 1940

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

Do not use this space.

43962

1. PLACE OF DEATH

County Missouri Registration District No. 5-3-3  
Township Richland Primary Registration District No. 9-1-8  
City (No. 423) Levy, A. Slaughter (No. 624) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Levy, A. Slaughter

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18-1846  
7. AGE YEARS 93 MONTHS 1 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper  
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) Missouri (STATE OR COUNTRY) \_\_\_\_\_

13. NAME Benjamin Albee  
14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Elizabeth Trip  
16. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Levy, A. Slaughter (ADDRESS) La Plata, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Plata DATE Dec 23 1939

19. UNDERTAKER D. S. Christie (ADDRESS) La Plata, Mo.

20. FILED Dec 23, 1939 Louise J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Dec. 21, 1939, to Dec 21, 1939  
I last saw her alive on Dec 21, 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 12-21-39

Other contributory causes of importance: arterial sclerosis & hypertension

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. H. Buckley, M. D.  
(Address) La Plata, Mo.

RECEIVED

District Health Officer No. 10

District File Number 1-40-30

Date Filed JAN 2 1940