

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

**2117**  
Do not use this space.

1. PLACE OF DEATH

(a) County Chilton Registration District No. 204  
 (b) Township Shoal Primary Registration District No. 3013  
 (c) City Cameron (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Reuben C Sloan  
 (a) Residence, No. East Prospect 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 Male 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 Mrs Victoria Sloan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>-</u>	<u>3</u>	

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

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) Wayne Co Ky

13. NAME Wm Sloan

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

15. MAIDEN NAME Pally Huffaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Christie Sloan (ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marable Mts DATE Jan 13 1940

19. FUNERAL DIRECTOR W. Moore (ADDRESS) Cameron Mo

20. FILED Jan 11 1940 W. C. Miller Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1939 to Jan 11 1940  
 I last saw him alive on Jan 11 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchiectasis Date of onset 106A

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) W. Moore, M. D.  
Cameron Mo (Address)

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.

RECEIVED

District Health Officer No. 11;

District File Number 240-43

Date Filed FEB 6 1940

STATEMENT BY LICENSED EMBALMER

I, Edmond, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edmond

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Edmond

Licensed Embalmer No. 1180

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.)