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.

NOV 19 1940

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

35094
Do not use this space.

3 D

**1. PLACE OF DEATH**

(a) County Clay — Registration District No. 198

(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 164

(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** James H. Slade

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. ~~IF MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ola Marie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 4, 1880

7. AGE: YEARS 59 — MONTHS 10 — DAYS 27 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as saw mill, bank, etc.: Mining
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Helena, Mo.

FATHER
13. NAME: Thomas J. Slade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Illinois

MOTHER
15. MAIDEN NAME: Katherine Horn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wellington Missouri

17. INFORMANT (ADDRESS): Hospital Records

18. ~~BURIAL, CREMATION, OR REMOVAL~~ - Burial Wellington, Mo.
PLACE Pleasant Hill, Mo. DATE 10-31-40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Brownfield Funeral Home Pleasant Hill, Mo.

20. FILED Oct 31, 1940 Mrs Rea McCracken Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1940 to October 31, 1940
I last saw him alive on October 31, 1940. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lungs ~~with~~ metastatic, bilateral, secondary to primary cardinoma of bladder

Date of onset

Other contributory causes of importance:
Carcinoma of Bladder with metastasis

51

Name of operation: none — Date of
What test confirmed diagnosis? Exam. & Observation — 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?
If so, specify Unknown

(Signed) W. A. GERMAN, M.D. Clinical Director M.D.
(Address) Veterans Administration Facility Excelsior Springs, Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-13-40

## 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 .....

Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

**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.**