

APR 10 1944

RECEIVED

District Health Office No. 2,

District File Number 243-267

Date Filed 2-3-43

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6247

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County _____

(c) City or town Murphys
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alvin T Slayton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race m 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife mis Alberta Slayton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death kidney failure cerebral hemorrhage

Due to uremia

Due to _____

Other conditions hypertension nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 10 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation box maker

11. Industry or business _____

12. Name Charles Slayton

13. Birthplace D.K. (City, town, or county) _____ (State or foreign country)

14. Maiden name Joye Gibbs

15. Birthplace D.K. (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs Alberta Slayton

(b) Address Murphys Ark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Piggatt Cemetery

18. (a) Signature of funeral director J. H. Funeral Home

(b) Address Piggatt Ark

19. (a) Apr 10-44 (Date received local registrar)

(b) Julia Blankenship (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 1318

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature G. R. Presnell (M. D. or other) _____

Address Kennett, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

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