

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

Do not use this space.

7884

1. PLACE OF DEATH

County... Buchanan.....

Registration District No. 85.....

File No.

Township.....

Primary Registration District No. 1001.....

Registered No. 325.....

City St. Joseph, Mo. (No. 2708) Locust.....

St. Ward)

2. FULL NAME

(a) Residence. No. 2708 Locust..... St. Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

William M. Colvin

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

August 25, 1855

7. AGE

YEARS 72

MONTHS 6

DAYS 18

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Morgan County

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Adam Louis Slater

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Ledia George

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ohio

14.

INFORMANT Mrs. Harvey Francis

(Address)

2708 Locust

15.

FILED 14 1928

John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 13 1928

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1928, to Mar 13, 1928, that I last saw h. or alive on Mar 12, 1928, and that death occurred, on the date stated above, at 10:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency + Angina
121
72A

(duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Suppurative Chronic

(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

yes

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chrical symptoms

(Signed) J. Elliott, M. D.

Mar 14, 1928 (Address) 824 Edmund

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Clarksdale, Missouri March 15 1928

20. UNDERTAKER

ADDRESS

Elieman Funeral Home 1208 Francis

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.

8 1928

