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

Do not use this space.

13493

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 3626
City Mo. (No. St. John's Hospital St. Ward)

2. FULL NAME William H. Slack
(a) Residence. No. Vandalia Mo St., 12 Ward. Vandalia Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Bertha Slack.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter 134A 135E 36
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middle Town
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Albert H.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Martha Hawker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT C. H. Slack
(Address) Vandalia

15. FILED APR 21 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1927 to Apr. 21, 1927 that I last saw him alive on April 21, 1927, and that death occurred, on the date stated above, at 4.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recto-vesical fistula

132a (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ureteral calculous left. Septic infiltration (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Vandalia Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Cystoscopic exam, Years
(Signed) Rayson Carroll, M. D
4-21, 1927 (Address) 450 Century Bldg

*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 Vandalia, Mo. — DATE OF BURIAL Apr. 24 1927

20. UNDERTAKER Waters Und. Co — ADDRESS Vandalia Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD