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

Do not use this space.

34500

1. PLACE OF DEATH
County Montgomery
Township Prairie
City Middletown Mo (No. ..... St. ..... Ward)

Registration District No. 591
Primary Registration District No. 5789

File No. .....
Registered No. .....

2. FULL NAME Wright Allen Slavin

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72		26	

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

9. BIRTHPLACE (CITY OR TOWN) Auburn
(STATE OR COUNTRY) Linn

PARENTS

10. NAME OF FATHER William Slavin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nancy Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Auburn
(STATE OR COUNTRY) Linn

14. INFORMANT B. F. Slavin
(Address) Middletown

15. FILED Oct 7, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 18th, 1929, to Oct 6th, 1929, that I last saw him alive on Oct. 5th, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
93C (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urinary
(Signed) A. Hirsch, M. D
Oct. 6th 1929 (Address) Middletown

*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 Government Cemetery Middletown Mo
DATE OF BURIAL Oct 7 1929

20. UNDERTAKER J. W. Kuhne
ADDRESS Wellsville Mo