SEP 24 1930

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

8428-a

Do not use this space.

8428 a

1. PLACE OF DEATH

County: Gundy — Registration District No.: 329 — File No.:

Township: Myers — Primary Registration District No.: 5457 — Registered No.: 9

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME David Slottlemyre

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

Length of residence in city or town where death occurred ..... yrs. ..... 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 14 1852

7. AGE: Years 77 — Months 8 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

PARENTS

10. NAME OF FATHER: Isaac Slottlemyre
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Julia Ann Batson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Mrs Pearl Myers
(Address): Spickard Mo

15. FILED: Aug 7 1930 — E W Ewing, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-21, 1930, to March 27, 1930, that I last saw him alive on March 26, 1930, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

821

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): 7401

(duration) ..... 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? .....

(Signed) C. L. McClanahan, M. D

3/27, 1930 (Address) Spickard Mo.

*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: Half Rock Mercer Co — DATE OF BURIAL: Mar 28 1930

20. UNDERTAKER: Chas E Schooler — ADDRESS: Spickard 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.