

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

Do not use this space.

4156

**1. PLACE OF DEATH**

County Saline  
Township \_\_\_\_\_  
City Slater (No. \_\_\_\_\_)

Registration District No. 499  
Primary Registration District No. 4479

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1894

7. AGE YEARS 36 MONTHS 9 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Slater Mo.

13. NAME Wood Lollis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sophia Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tanana

17. INFORMANT (ADDRESS) Mollie Houston

18. BURIAL, CREMATION, OR REMOVAL

PLACE Slater DATE Jan 28 1931

19. UNDERTAKER (ADDRESS) James S. Lee Slater Mo.

20. FILED 1-27-31 W. M. Kell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1931 to Jan 25 1931. I last saw him alive on Jan 25 1931. Death is said to have occurred on the date stated above, at Slater. The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchopneumonia)  
Cause of death  
Date of onset Jan 11 1931

Other contributory causes of importance: Pregnancy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? X  
If so, specify \_\_\_\_\_ (Signed) C. L. Lawless, M. D.  
(Address) Mass. Rail. Bldg. Bldg.

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.

FEB 21 1931

8

1431	1	26
1894	4	1
55	2	3