Walsh

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

Do not use this space.

17400

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No.
Township Liberty — Primary Registration District No. 5715 — Registered No. 59
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME R Zella Sleighton

(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.

JUN 23 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1882

7. AGE — YEARS 51 — MONTHS 11 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Macon Co Mo

FATHER
13. NAME B S Skinner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

MOTHER
15. MAIDEN NAME Bell Winkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) Delila Lounaert R R Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enon Cem DATE 6/1 1934

19. UNDERTAKER (ADDRESS) Albert Skinner Macon Mo

20. FILED June 11 1934 Lane Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to May 31, 1934
I last saw her alive on May 30, 1934 Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

8217
Apoplexy Cerebral

Other contributory causes of importance: 8 Ja

Name of operation none Date of —
What test confirmed diagnosis? Phys Exam Where 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? No
If so, specify W A Welch
(Signed) ....., M. D.
(Address) Callao Mo.