

FEB 17 1937

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

Do not use this space.

1201

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Shue Primary Registration District No. 5554
 City (No. 2) St. _____ Ward _____

2. FULL NAME Anna Lee Sloan
 (a) Residence, No. Atherton Mo St. _____ Ward 1
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-24-1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>1</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. _____

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) Atherton Mo. (STATE OR COUNTRY) _____

FATHER
 13. NAME Frances Hubert Sloan
 14. BIRTHPLACE (CITY OR TOWN) Pleasant Hill Mo. (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Lala Marie Pelson
 16. BIRTHPLACE (CITY OR TOWN) Pleasant Hill Mo. (STATE OR COUNTRY) _____

17. INFORMANT Francis Herbert Sloan (ADDRESS) Atherton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 1-14-1937

19. UNDERTAKER W. W. How (ADDRESS) Pleasant Hill, Mo.

20. FILED 1-13-1937 - J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 11-1937, 1937, to Jan 12, 1937
 I last saw her alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
acute infectious Date of onset Jan 10 37

Other contributory causes of importance: _____

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? no
 If so, specify _____ (Signed) J. M. Agel D.O. M. D.
 (Address) Independence Mo.

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.

