

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

Do not use this space.

1. PLACE OF DEATH **PLATE 10 1937**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. Vineyard Park Hosp.)

File No. 22736

Registered No. 2582

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mumford Mc Elwain Slichter

(a) Residence, No. Muncie, Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 23 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City (STATE OR COUNTRY) Mo.

13. NAME John F. Slichter

14. BIRTHPLACE (CITY OR TOWN) Council Bluffs (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Virginia Mumford

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) MO.

17. INFORMANT John F. Slichter (ADDRESS) Muncie Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 11, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED 6/10 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937 to June 9, 1937

I last saw him alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 2:20 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Sepsis  
Suppurative adenitis & cellulitis of neck 11-1-36

Other contributory causes of importance: 45

Epithelioma of base of tongue 6-1-36

Name of operation Excision of base of tongue Date of 2-1-37

What test confirmed diagnosis? Biopsy 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. E. Sheldon, M. D.  
(Address) 929 Walnut, K.C. 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.

Vineyard Park Hosp.