NOV 17 1936

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

Do not use this space.

37756

File No.

Registered No. 72

1. PLACE OF DEATH

County: Harrison — Registration District No. 334

Township — Primary Registration District No. 4197

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

2. FULL NAME: Stillborn Slaughter

(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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-3-1936

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY): Bethany Mo.

FATHER

13. NAME: Menyard Slaughter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davies Co Mo.

MOTHER

15. MAIDEN NAME: Dorothy Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co. Mo.

17. INFORMANT (ADDRESS): Menyard Slaughter Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morningside DATE: 2-3-1936

19. UNDERTAKER (ADDRESS): [illegible] Bethany Mo

20. FILED 10-20-1937 A. L. Wilding Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborne, 19..., to Feb 3, 1936

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Habitual abortion — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) D. G. Reed D. O. M. D.

(Address) Bethany

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.