

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

Do not use this space.

1. PLACE OF DEATH
 County Adair Registration District No. 3 File No. 1838
 Township Wilson Primary Registration District No. 5004 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Liee, Caroline Slaughter 4.2.3
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>58</u>	<u>2</u>	<u>17</u>	

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

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

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) Illinois

FATHER 13. NAME Edward Coker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Anna Catherine

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

17. INFORMANT Luther Slaughter
 (ADDRESS) Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette DATE Nov 11 1937

19. UNDERTAKER D. S. Chappin
 (ADDRESS) Lafayette Mo

20. FILED Jan 20 1938 Bessie Taylor
 Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1935, to Nov. 9, 1937
 Last saw h. alive on Nov 9, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
diabetic coma

RECEIVED FEB 21 1938

Other contributory causes of importance: _____

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 MO. STATE BOARD OF HEALTH

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab 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) C. H. Buckley M. D.
 (Address) Lafayette Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

