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.

REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan | Registration District No. 85 | File No. 21412
Township | Primary Registration District No. 1001 | Registered No. 670
City St. Joseph, Mo. (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME James Alexander Slade 430
(a) Residence, No. Helena, Mo St., Ward. Helena Mo.
(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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Ella Slade
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1861
7. AGE YEARS 77 MONTHS 5 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Mo.

FATHER
13. NAME Wm. W. Slade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co Tenn

MOTHER
15. MAIDEN NAME Isabelle Ann McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co Tenn

17. INFORMANT (ADDRESS) Preston Slade Helena Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rochester Mo DATE July 3 1938
19. UNDERTAKER (ADDRESS) Lucile M. Wilson King City, Mo
20. FILED 7/1 1938 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938
22. I HEREBY CERTIFY That I attended deceased from Mar 27, 1938, to June 30, 1938
I last saw him alive on June 30 1938 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Coronary occlusion	
93C	

Other contributory causes of importance:
Hyperlasphy of Prostate

Name of operation Prostatic resection Date of 6/30/38
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) Charles Greenberg, M. D.
(Address) Dr. Bldg St Joseph Mo.

For Dr. Eisenberg to sig