

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

32301  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
 (b) Township Boyside Primary Registration District No. 5483 Registered No. \_\_\_\_\_  
 (c) City Blainstown (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Evelyn M Sloan

(a) Residence, No. Blainstown Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
30 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton Mo Johnson Co

FATHER 13. NAME John Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blainstown Mo

MOTHER 15. MAIDEN NAME Hattie Diltner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blainstown Mo

17. INFORMANT (ADDRESS) Samuel Sloan  
Blainstown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cem DATE 9-29-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Wilkinson  
Clinton Mo

20. FILED / D - 1 1938 Sept 29 J. R. Hampton Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28-38 to 9-28-38, 1938  
 I last saw her alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

uterine atony  
post partum hemorrhage  
uterine atony  
uterine atony

Other contributory causes of importance: \_\_\_\_\_

Name of operation no Date of operation no  
 Was there any physical injury? 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) George Griffith, M. D.

(Address) Blainstown Mo

DECLARATION OF DEATH STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

RECEIVED

District Health Officer No. 7.

Dis. Dist. File Number: 7-38-280

Date Filed: 10-11-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by *me*

Registered Apprentice No. ...., working under my personal supervision.

Signed *Fred Wilkins*

Licensed Embalmer No. *2478*

P. O. Address *Clunton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.