REC'D FEB 20 1939

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

Do not use this space.

1121

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 134

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. General, Hospital St. Ward)

450

2. FULL NAME Orville Clarence Sloan

(a) Residence, No. 6624 E 15th, K. C. Mo. 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: 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: XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/30/1919

7. AGE: YEARS 19 — MONTHS 7 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward & Co.

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): Mo. 6

FATHER

13. NAME: Grow G. Sloan 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

MOTHER

15. MAIDEN NAME: Ida McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs. Ida Sloan, 1519 Hardesty, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 1/12/39 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave., K. C. Mo.

20. FILED Jan 11, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw ..... alive on ....., 19.. Death is said to have occurred on the date stated above, at 3:15 a.m.

Deputy Coroner

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

Automobile traumatism — Date of onset
Fracture of the skull
Laceration & herniation of brain

Other contributory causes of importance:

210 M

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-8-39
Where did injury occur? Highway #24, Jackson Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car overturned after
Nature of injury striking a telephone pole

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Victor Wrehler, M. D.

(Address) Gen Hosp, 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.