

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

**19953**  
Do not use this space.

REC'D JUN 24 1939

1. PLACE OF DEATH  
 (a) County Shelby Registration District No. 560  
 (b) Township Jefferson Primary Registration District No. 6094  
 (c) City Shelbyville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.  
 4 3 6  
 2. PRINT FULL NAME Richard Harrison Slater  
 (a) Residence, No. Shelby Co. 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**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/10/39  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State home  
Shelby Co. Mo.  
 FATHER 13. NAME Bryan Slater  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.  
 MOTHER 15. MAIDEN NAME Rola Sawyer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.  
 17. INFORMANT (ADDRESS) Bryan Slater  
Shelby Co. Mo.  
 18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo. DATE 5/11/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. R. Barber  
Shelby Co. Mo.  
 20. FILED May 25 1939 Ray Hamilton  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from May 10 1939 19\_\_\_\_ to May 11 1939 19\_\_\_\_.  
 I last saw h. im alive on May 11 1939 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3am  
 The principal cause of death and related causes of importance were as follows:  
Congenital atalectasis Date of onset May 10 1939  
 Note: This baby was born spontaneously after a 3 hour labor and lived 6 hours.  
 Other contributory causes of importance: 16 1/2 W  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. L. Harlan, M. D.  
75i (Address) Clarence, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-37-978

Date Filed JUN 8 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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