FILED FEB 15 1940

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

2074
Do not use this space.

30

1. PLACE OF DEATH
(a) County Clay — Registration District No. 148
(b) Township or City Fishing River — Primary Registration District No. 3011 — Registered No. 14
(c) City Excelsior Springs, Mo (d) Street No. Veterans Administration Facility 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. 6 ds. (f) How long in U. S., if of foreign birth? — yrs. mos. ds.

130

2. PRINT FULL NAME Clyde Slade
(a) Residence, No. 1001 Brooklyn, Kansas City, Mo. St. [ ] Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Eva Slade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1890

7. AGE: Years 49 — Months 10 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne, Mo. 0

FATHER
13. NAME John Nichols 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Julia Conston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Wadsworth, Kans. DATE Jan 25 1940

19. FUNERAL DIRECTOR (NAME) Claude Pritchard
(ADDRESS) Excelsior Springs, Mo.

20. FILED Jan 25 1940 Mae Ru McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1940, to January 24, 1940, 19....
I last saw him alive on January 24, 1940. Death is said to have occurred on the date stated above, at 3:25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, streptococcic	
Endocarditis, aortic, acute, vegetative	

Other contributory causes of importance:
Infarcts of Spleen and Kidneys
#2 Tabo Paresis

Name of operation None Date of
What test confirmed diagnosis? Exam. & autopsy Was there an autopsy? Yes

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 Unknown
(Signed) W. A. GERMAN, MD Clinical Director, M. D.
(Address) Veterans Administration Facility
Excelsior Springs, Missouri.

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 7/14/40

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.....

....., 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 comp with the above constitutes grounds for revocation of license.)

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