

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

Do not use this space.

4738

1. PLACE OF DEATH MAR 26 1935  
 County Clay Registration District No. 201  
 Township Liberty Primary Registration District No. 5280  
 City Liberty (No. 3012) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Slaughter  
 (a) Residence, No. 2250 Harrison St. Ward \_\_\_\_\_  
 (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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Har. Slaughter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850  
 7. AGE YEARS 85 MONTHS - DAYS - If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
 10. Date deceased last worked at this occupation (month and year) 10 yrs. 11. Total time (years) spent in this occupation 50  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME Joe Decouray  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Charles Slaughter  
 (ADDRESS) 1315 N. 9th St. S. O. Hans.  
 18. BURIAL, CREMATION, OR REMOVAL Funerary  
 PLACE Liberty Mo. DATE 2-9 1935  
 19. UNDERTAKER H. C. Prof. & Casket Co.  
 (ADDRESS) 446 State St. S. O. Hans.  
 20. FILED 2/9 1935 E. T. Brant Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Last several years, 19\_\_\_\_  
 I last saw him alive on November 1934 Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Arteriosclerosis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Organic Heart Disease  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Johnson, M. D.  
 (Address) Liberty, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Deputy

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