

REC'D MAY 2 1940

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

Do not use this space.

15589

1. PLACE OF DEATH

County New Madrid Registration District No. 607  
Township Le Secur Primary Registration District No. S 406  
City Postville (No. 22) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Postville St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Paul Edward Slaughter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1898

7. AGE YEARS 42 MONTHS \_\_\_\_\_ DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, 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) Troy, Tenn

FATHER 13. NAME Robt Lee Huey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Tenn

MOTHER 15. MAIDEN NAME Beulah A. Ash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Tenn

17. INFORMANT Lurize Slaughter (ADDRESS) Postville, Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Troy DATE April 11, 1940

19. UNDERTAKER Wardlaw and Co (ADDRESS) New Madrid, Mo

20. FILED 4-27, 1940 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1940, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her alive on 4/20, 1940. Death is said to have occurred on the date stated above, at 4 P m.

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

Carburemia of Uterus  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 48

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. T. O'Kelly M. D.  
(Address) 535

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.

JAN 6 1945

APR 19 1945