

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

Do not use this space.

23788

1. PLACE OF DEATH  
County Miller Registration District No. 561  
Township Sabine Primary Registration District No. 7330  
City Eldon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bora Silvey  
(a) Residence, No. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
Registered No. 38  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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 W. Alva Silvey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1909  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 7 1  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wif  
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) Monticau Co Mo  
13. NAME E. T. Lehr  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Margaret Schupp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
17. INFORMANT E. T. Lehr (ADDRESS) Eldon, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Roback Cem Monticau Co DATE July 13, 1933  
19. UNDERTAKER Phillips Funeral Home (ADDRESS) Eldon Mo  
20. FILED 7-12-1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1933  
22. I HEREBY CERTIFY, That I attended deceased from 7-13-1933 to 7-11-1933  
I last saw him alive on 7-8-1933. Death is said to have occurred on the date stated above, at 12:00 m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tbc Date of onset 9  
730  
Other contributory causes of importance: Don't know  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chol. Lab. 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? no  
If so, specify \_\_\_\_\_  
(Signed) E. G. Shillor, M. D.  
(Address) Eldon 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.

SEP 26 1933

W. S. No. 1

