

K. 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.

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

Do not use this space.

18351

1. PLACE OF DEATH

County Jackson
Township Blue
City Leeds

Registration District No. 309
Primary Registration District No. 1004
(No. Woods Hospital)

File No. _____
Registered No. 2154
St. 77 Ward _____

2. FULL NAME

Silvers Wesley O
(a) Residence. No. 2125 Campbell St. 84 Ward.

(Usual place of abode) 2521 (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Silvers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-23, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>1</u>	<u>6</u>	<u>22</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Transfer Co Helper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Silvers John A.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tava
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marlow Margret

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Mrs James Bland
(Address) 1352 E. 58th Terrace Nevada Mo.

15. FILED June 16, 27 M.M. Cronin
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1927

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1926, to June 15, 1927 that I last saw him... alive on June 13, 1927, and that death occurred, on the date stated above, at 11/12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis meningitis
23A
23A about (duration) yrs. mos. 2 da.
CONTRIBUTORY Pulmonary meningitis (SECONDARY)
Tuberculosis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____
DISEASE OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Hubert L. Marley, M. D.
6/15, 1927 (Address) 3400 23rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nevada Mo. DATE OF BURIAL June 18 1927

20. UNDERTAKER Mrs L. Forster ADDRESS 918 Brooklyn

$$\begin{array}{r} 150 \\ 15 \\ \hline 25 \\ 15 \\ \hline \end{array}$$

$$\begin{array}{r} 165 \\ 5 \\ \hline 825 \\ \hline \end{array}$$

$$\begin{array}{r} 205.00 \\ 825 \\ \hline \end{array}$$

$$\begin{array}{r} 196.75 \\ \hline \end{array}$$