

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

Do not use this space.

39699

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

85
Registration District No. _____
Primary Registration District No. 1001
(No. Noyes Baptist Hospt.)

File No. _____
Registered No. 1376
St. _____ Ward _____

2. FULL NAME Martin M. Silvey

(a) Residence. No. 812 Alabama 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Silvey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	31	9	23	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER B. M. Silvey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Versailles
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mattie E. Moad
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elston
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Hazel Silvey
Address 812 Alabama

15. FILED DEC 3 1929 REGISTRAR John E. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1929, to 12-1, 1929, that I last saw her alive on 12-1, 1929, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia General
12/1/29

CONTRIBUTORY (SECONDARY) Appendicitis - Gangrenous
(duration) _____ yrs. mos. 7 ds.
(duration) _____ yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-26-29
WHAT TEST CONFIRMED DIAGNOSIS Chemical + Bacteriological
(Signed) J. A. Keenan, M. D.
, 19 (Address) St. Joseph, Mo.

*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 Mt. Auburn Cem. DATE OF BURIAL Dec. 3, 1929

20. UNDERTAKER Ed D. Clark 5025 Highland ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100-100000

FEB 10 1964

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 2/10/64

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]