

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

Do not use this space.

18822

**1. PLACE OF DEATH**

County Ozark  
Township Richburg  
City..... (No.....).....

Registration District No. 650  
Primary Registration District No. 5861

File No.....  
Registered No.....  
St..... Ward.....

**2. FULL NAME**

Frances Inoquene Silson

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 24 '31

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_hra. or \_\_\_\_min.  
11

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Arthur Silson

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

12. MAIDEN NAME OF MOTHER Emma Welton

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

14. INFORMANT Emma Silson  
(Address)

15. FILED May 5 1931 J. A. Baltz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1931, to May 4, 1931 that I last saw her alive on Apr. 30, 1931, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lack of Development

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Baltz, M. D.  
May 5, 1931 (Address) Dora

\*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 DATE OF BURIAL

Sweetser Cemetery May 4, 1931

20. UNDERTAKER ADDRESS

None

E. 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.

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

MAY 2 1931

