

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

Do not use this space.

27193

1. PLACE OF DEATH

County Saline Registration District No. 793
Township Elmwood Primary Registration District No. 6036
City (No. _____) St. _____ Ward _____

2. FULL NAME

Annie May Sylvester
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. C. Sylvester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1878</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 27, 1931</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Case Co Mo</u>		
FATHER	13. NAME <u>Geo. W. Talt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>	
MOTHER	15. MAIDEN NAME <u>Belle Webb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>S. C. Sylvester</u> <u>Mt Leonard Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blackburn Mo</u> DATE <u>Aug 1</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>R. C. Carter</u> <u>Sweet Springs Mo</u>		
20. FILED <u>July 31</u> , 19 <u>31</u> <u>Estlinbrook</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to July 30, 1931

I last saw her alive on July 26, 1931. Death is said to have occurred on the date stated above, at 6 P. m.

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

Myocarditis

50
930
50

Other contributory causes of importance:

Carcinoma of Breast

Date of onset
about July 10

1929

1. Name of operation Removal of Breast of left Date of 20/7/1930

What test confirmed diagnosis? Clinical 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) L. S. James, M. D.
(Address) Blackburn, Mo.

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. AUG 29 1931

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