

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—WITH INK

N. B. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of occupation is important. Give cause of death in plain terms.

Form 248-6

STATE OF NEBRASKA

Do not write in this space

Department of Health—Division of Vital Statistics

48237

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Atchison
Township Bushanan
City Watson

No. Reg. dist. - 21

If death occurred in a hospital or institution give its NAME instead of street and number.

Length of residence in city or town where death occurred.....yr.....mo.....da. How long in U. S. if of foreign birth.....yr.....mo.....da.

2. FULL NAME Infant of Mrs. Mrs. Hal Silvey

1a. Residence: State.....County.....City.....No.....Street.....

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE (write the word)
Married single
Widowed
Divorced

21. DATE OF DEATH May 8, 1936

5a. If married, widowed or divorced HUSBAND of or WIFE of none

22. I HEREBY CERTIFY, That I attended deceased from birth May 1, 1936, to..... 19.....

I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at.....^{11⁰⁰} A. M. The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH (mo.) May (day) 8 (year) 1936
7. Age Years Months Days If less than 1 day Hrs.....or Min.....

Date of Onset IMPORTANT

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Stillborn - due to strangulation

Contributory causes of importance not related to principal cause:

Cord twisted around neck of child 3 times

12. Birthplace { City or Town Watson and State or Country Missouri

Name of operation..... Date of.....

13. Name of Father Hal Silvey

What test confirmed diagnosis?..... Was there an autopsy?.....

14. Birthplace of Father { City or Town Glasgow and State or Country Missouri

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide?..... Date of....., 19.....

15. Maiden name of Mother Helen Hartman

Where did injury occur? (Specify city or town, county and state)

16. Birthplace of Mother { City or Town Atchison, Mo. and State or Country Missouri

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Hal Silvey (Address) Watson Mo.

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, or REMOVAL Place High Creek Date May 9, 1936

24. Was disease or injury in any way relating to occupation of deceased?.....

19. UNDERTAKER Chas. H. H. H. (Address) Hamburg Iowa

If so, specify.....

20. Filed May 10, 1936 J. A. Gray Registrar.

(Signed) J. A. Gray, M. D.
(Address) Watson, Mo.

