

MAY 19 1937

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 3 Township ..... Primary Registration District No. 3014  
 8 City Jefferson (No. ....) St. .... Ward)

File No. 16122  
 Registered No. 146

2. FULL NAME Mrs. Ann Ellis Silvey

(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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Silvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-4-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 11

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo.

13. NAME Nichols C. Merriott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Rowe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT J. H. Silvey  
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Apr-17--- 19. 37

19. UNDERTAKER Shope Gordon  
 (ADDRESS) Jefferson City, Mo.

20. FILED 4/17/37 1937 Dr. C. F. Enloe  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 8 19 36 to Apr. 15 19 37

I last saw her alive on Apr 15 19 37. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

Apoplexy

Date of onset

Other contributory causes of importance:

Aortic atherosclerosis with hypertension

Name of operation None Date of .....

What test confirmed diagnosis? ..... 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) C. F. Enloe, M. D.

(Address) Jefferson City, Mo.

