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

Do not use this space.

36301

1. PLACE OF DEATH

County: Clay — Registration District No.: 198 — File No.:

Township: Fishing River — Primary Registration District No.: 3011 — Registered No.: 139

City: Excelsior Springs (No. ..... St. ..... Ward)

FULL NAME: Mary L. Silvers

(a) Residence. No. 112 Temple St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
White | Widowed

...ED, WIDOWED, OR DIVORCED
...ND OF
...FE OF: Aaron Silvers

...BIRTH (MONTH, DAY AND YEAR): Dec 10 1834

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	11	25	

8. ...ATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) ...n of employer

9. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS

10. ... OF FATHER: John Kenrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

12. ...N NAME OF MOTHER: Don't Know

...PLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. ... W. J. Silvers
(Address) 140 Linden Ave.

15. FILED 12/5 1927 Y. D. Craven, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927 to Dec 5, 1927 that I last saw her alive on Dec 5, 1927 and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94 D
11 E
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. J. Young, M. D.

, 19 (Address) Ft. Spr. 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: Crown Hill — DATE OF BURIAL: Dec 8 1927

20. UNDERTAKER: Herbert Hope — ADDRESS: Excelsior Springs

...YSICIANS should state ...ON is very important.

...AGE should ... ...ssified. Ex...

...AGE should be stated EXACTLY. ...YSICIA... ...1. Exact statement of OCCUPATION is ... may be p... ...of informa... ...in plain terms...

...Every ... CAUSE OF DEATH