31 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

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

Do not use this space.

8355

1. PLACE OF DEATH
County Dade
Township North Sac
City .... (No. ...., ... St. .... Ward)
Registration District No. 287
Primary Registration District No. 5323
File No. ....
Registered No. 17

2. FULL NAME Silas B. Ayers
(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: Male
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: Lella Heaton Ayers.
6. DATE OF BIRTH (month, day and year): Nov. 15. 1894
7. AGE: Years 33 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or .... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ....
(c) Name of employer: ....
9. BIRTHPLACE (city or town) .... (State or country) Dade Co. Mo.

PARENTS
10. NAME OF FATHER: James K. Ayers.
11. BIRTHPLACE OF FATHER (city or town) .... (State or country) Dade Co. Mo.
12. MAIDEN NAME OF MOTHER: Butler
13. BIRTHPLACE OF MOTHER (city or town) .... (State or country) Cedar Co. Mo

14. Informant: Mrs. Silas B. Ayers.
(Address) Arcola. Mo

15. Filed 3-9-1928 E O Ball, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Mar 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1928, to Mar 4, 1928, that I last saw him alive on Mar 4, 1928, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:
[illegible] Complic[ation]
[illegible]
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....
(Signed) Dr A Higgins, M.D.
........, 19.... (Address) [illegible] 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: Bald Mound.
DATE OF BURIAL: Mar 8 1928

20. UNDERTAKER: J. W. Ward
ADDRESS: Greenfield Mo.

[redacted]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Dade Registration District No. 1109 File No. 7
Township North Lac Primary Registration District No. 5333 Registered No. 27
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Silas B. Ayers

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lella Heaton Ayers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	3	22	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Dade Co. Mo

PARENTS

10. NAME OF FATHER James K. Ayers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dade Co. Mo
12. MAIDEN NAME OF MOTHER Butler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cedar Co. Mo

14. INFORMANT Mrs Silas B. Ayers
(Address)

15. FILED 3-9, 1928 T. A. Hembree
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7- 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1928 to Mar 4, 1928 that I last saw h..... alive on Mar 4, 1928, and that death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

I Pneumonia

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Dr A. Wiggins, M. D
, 19 (Address) Arcola 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	DATE OF BURIAL
Bald Mound	Mar 8 1928
20. UNDERTAKER J. W. Ward	ADDRESS Greenfield mo

SUPPLEMENTARY

CAUSE OF DEATH in this ... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW ... AGE ... PHYSICIANS should state ... nt of OCCUPATION is very important.

S-8355