

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

28051

1. PLACE OF DEATH

County Newton
Township Newtown
City (No.)

Registration District No. 414
Primary Registration District No. 5811

File No. 76
Registered No.
St. Ward

2. FULL NAME

Adah Eugenia Siler

(a) Residence No. St. Ward
(Usual place of abode)

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

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 Wm H Siler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 2

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Jessie Proctor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Towler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Wm H Siler
(Address) Sumner Mo 672

15. FILED 8-18-28 M. F. Palmer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-17-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928 to Aug 17, 1928 that I last saw her alive on Aug 17, 1928, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of Heart

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at her house

DID AN OPERATION PRECEDE DEATH? None DATE OF

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? None (x Ray)
(Signed) D. E. Cullen, M.D.

8-18-1928 (Address) Meoshs 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 Newtown Mo DATE OF BURIAL Aug 18 1928

20. UNDERTAKER D. H. White ADDRESS Tarver Mo

27 1928

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

