NOV 28 1930

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

Do not use this space. ~~33033~~ 37177

1. PLACE OF DEATH
County St Francois — Registration District No. 772 — File No. 781
Township — Primary Registration District No. 4463 — Registered No. 26
City Elvins Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Joseph M 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: M.
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: Ara Warden.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5 - 1873

7. AGE: YEARS 57 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER James Silvey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Mary Yarbrough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Joseph M. Silvey (Address) Elvins Mo.

15. FILED Nov. 1, 1930 Edgar E. Whiteside REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 8 1929 to Nov. 14 - 1930 that I last saw him alive on Nov. 1st 1930, and that death occurred, on the date stated above, at 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2A
V-C
110
(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gastritis
(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic.
(Signed) Edgar E. Whiteside, M. D.
11-1-1930 (Address) Elvins 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: Cedar Falls Cemetery — DATE OF BURIAL: 11-3 1930

20. UNDERTAKER: Raymond Caldwell — ADDRESS: Elvins Mo.

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.