

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

Do not use this space.

21435

1. PLACE OF DEATH

County Jackson

Registration District No. 395

Township Kaw

Primary Registration District No. 100

City 149 MO, (No. 818 E. 10)

File No. 2500

Registered No. 2500

St. Mo. Ward

2. FULL NAME

(a) Residence. No. 818 E. 10 St. 2 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

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

April 16 - 1878

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>1</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House maid.

(b) General nature of industry, business, or establishment in which employed (or employer) 344

(c) Name of employer J. M. Gilbert

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Texas

10. NAME OF FATHER

John Sillman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER

Eliza Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT

(Address) Jessie Sillman, 1802 Woodland Ave

15.

FILED 6/10 31 M. M. LeVotue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 8 1931

17.

I HEREBY CERTIFY, That I attended deceased from June 8 1931 to June 8 1931 that I last saw h.e.r. alive on June 8 1931 and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

92 A (duration) yrs. mos. 4 ds.

93 A **CONTRIBUTORY (SECONDARY)** mitral insufficiency

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH. Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. S. Wells M. D.

69 (Address) 1601 E 18th St. St. Louis

*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

Highland Cemetery June 12 1931

20. UNDERTAKER

ADDRESS

West Appleton Jones 1600 E 19

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.

