

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

Do not use this space.

7268

**1. PLACE OF DEATH**

County Anderson Registration District No. 26  
 Township Saltriver Primary Registration District No. 3002  
 City Mexico Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

B. F. Syler  
 (a) Residence, No. Andrian Hospital 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Etta Syler</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1863</u>			
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>	DAYS <u>28</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>29</u>		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>			
FATHER	13. NAME <u>Wm Syler</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Vaughan</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lays Kansas 31</u>		
17. INFORMANT (ADDRESS) <u>Mrs Etta Syler Vandavia Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vandavia</u> DATE <u>3-25-1932</u>			
19. UNDERTAKER (ADDRESS) <u>W B Clark Mrs Etta Mo</u>			
20. FILED <u>March 24th 1932</u> <u>Bro S. Milligan Registrar.</u>			

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 24, 1932  
 I last saw him alive on March 23, 1932 Death is said to have occurred on the date stated above, at 4:00 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertrophied Prostate gland Date of onset \_\_\_\_\_  
Urethra  
Chronic Myocarditis  
Hypertension  
 Other contributory causes of importance: P.B.C.

Name of operation Cystotomy Date of \_\_\_\_\_ 3/23/1932  
 What test confirmed diagnosis? Phy + Lab finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury none ①

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) H. C. Brasher, M. D.  
 (Address) Mexico, Mo.

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.

APR 23 1932

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STATE OF  
NEW YORK

1897

**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 Audrain  
Township Mexico  
City Mexico (No.     )

Registration District No. 26  
Primary Registration District No. 3002

File No.       
Registered No. 31  
St.      Ward     

**2. FULL NAME**

(a) Residence, No. B. F. Syler 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from     , to     , 19    

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1863

I last saw h.      alive on     , 19    . Death is said to have occurred on the date stated above, at      m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X 65 X 10 18

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy?     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?      Date of injury     , 19    

15. MAIDEN NAME

Where did injury occur?      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury       
Nature of injury     

18. BURIAL, CREMATION, OR REMOVAL

PLACE      DATE     , 19    

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?       
If so, specify     

20. March 24 - 1932 Ira S. Milligan Registrar

(Signed)     , M. D.  
(Address)     

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
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.

5-7268