

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

Do not use this space.

16879

1. PLACE OF DEATH

71 County Morgan Registration District No. 598
Township North Buffalo Primary Registration District No. 1355
City Buffalo No. 3174

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

George D 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victoria Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 9

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

12. BIRTHPLACE (CITY OR TOWN) Morgan Co
(STATE OR COUNTRY) _____

FATHER 13. NAME Martin Silvey

14. BIRTHPLACE (CITY OR TOWN) Morgan Co
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Eveline Kor

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY) _____

17. INFORMANT Asa Silvey
(ADDRESS) Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Locust DATE May 20 1932

19. UNDERTAKER W. R. Kewell
(ADDRESS) Versailles, Mo

20. FILED 5-20 1932 W. R. Kewell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to May 18 1932
I last saw him alive on May 12 1932. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Bright Disease Date of onset 2 yrs
131
131
Other contributory causes of importance: _____
①

Name of operation none Date of _____
What test confirmed diagnosis? urinary test Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. H. Newton, M. D.
(Address) Versailles 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.

MAY 23 1932

WRITE PLAINLY, WITH OUTLINES, IN THIS SPACE

