

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

Do not use this space.
37045

1. PLACE OF DEATH

County Lawrence Registration District No. H 70
Township Mt Vernon South Primary Registration District No. 4283
City Mt Vernon mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 85

2. FULL NAME

Ella Moore Silverwood
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Charles E. Silverwood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12 1857</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</u>		
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) (STATE OR COUNTRY) <u>Iowa Mt Pleasant</u>		
13. NAME <u>Jacobs Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Sarah Cole</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
17. INFORMANT <u>Charles E. Silverwood</u> (ADDRESS) <u>Mt Vernon mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>100</u> DATE <u>Nov 10 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. B Orr</u> <u>Mt Vernon mo</u>		
20. FILED <u>Nov 9 1933</u> <u>A Holmes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1933 to 11-9 1933
I last saw her alive on 11-8 1933 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset 1932

Other contributory causes of importance: None

Name of operation cauterization Date of 6-7-33
What test confirmed diagnosis? lab Was there an autopsy? yes

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? Yes
If so, specify _____
(Signed) A Holmes, M. D.
(Address) Mt Vernon 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.

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