

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

Do not use this space.

40018

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Jaw Primary Registration District No. 200
 City Kansas City (No. 2C general Hosp) St. St. Louis Ward 1

2. FULL NAME

Silvera LaBar
 (a) Residence, No. 1632 Garboe St., Ward. 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1857</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>0</u>
		DAYS
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Salesman</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
13. NAME <u>Silvera, John D.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Sarah Pixley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT <u>Reverend Clark</u> (ADDRESS) <u>R.C. Gen. Hosp 2C M</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Shedden House</u> DATE <u>Dec-10-1933</u>		
19. UNDERTAKER <u>Davis and Tobin</u> (ADDRESS)		
20. FILED <u>12-8-33</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-4-1933 to 12-5-1933

I last saw him alive on 12-5-1933 Death is said to have occurred on the date stated above, at 3:00 PM

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

Coronary Arteriosclerosis Date of onset 93

Myocardial Failure

Other contributory causes of importance: None

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify P. F. De Maria, M. D.
 (Signed) P. F. De Maria, M. D.
 (Address) 2-6-1933 Asst. Supt. R.C. Gen. Hosp

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.

MARGIN RESERVED FOR BINDING

JAN 26 1934

