

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St Louis mo** (No. **Isolation Hospital**) St. Ward)

File No. **10501**
 Registered No. **2312**

2. FULL NAME **Mark Silmore**

(a) Residence, No. **5877 Highland** St. **6** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred **40 yrs. 7 mos. 7 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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frances Silmore**

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8 Sept 87 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 30

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

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) **England**

13. NAME **James Silmore**

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

15. MAIDEN NAME **Catharine Burns**

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

17. INFORMANT **Leon Burns**
 (ADDRESS) **560 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Galvany** DATE **Mar 7** 19**34**

19. UNDERTAKER **Arthur J. Donnelly**
 (ADDRESS) **3840 Broadway, Bklyn**

20. FILED **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 5 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 25** 19**34** to **Mar 5** 19**34**

I last saw him alive on **Mar 5** 19**34**. Death is said to have occurred on the date stated above, at **12:30** am.

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

Cerebellar, Facial Date of onset **2-24**

Other contributory causes of importance: **Carcinoma of Nasopharynx**

Chronic Hypertension

Name of operation **None** Date of operation

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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

Where did injury occur? **No** (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 directly related to occupation of deceased? If so, specify **John Escherbrenner** (Signed) **ISOLATION HOSPITAL**, M. D.

(Address) **ISOLATION HOSPITAL**

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

U.S. G. 2 1926-11-24-33

