

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 72
Township Centralia Primary Registration District No. 311
City _____ (No. _____) St. _____ Ward _____

File No. 23186
Registered No. 23

2. FULL NAME

Marcus Alvin Silver
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27th 1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>
	DAY <u>16</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</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>Boone Co., Mo.</u>		
FATHER	13. NAME <u>George Silver</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Neale</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Un known</u>	
17. INFORMANT (ADDRESS) <u>Charles Silver</u> <u>Centralia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Centralia, Mo</u> DATE <u>July 12th 1934</u>		
19. UNDERTAKER (ADDRESS) <u>McDonald</u> <u>Centralia Mo</u>		
20. FILED <u>7/12</u> 19 <u>34</u> <u>J. S. Hickerson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____
Had Carcinoma on back of left hand was treated by Dr. Parmer no other Dr. called since the death of Dr. Parmer (May 25 - 1934)
Other contributory causes of importance:
528
53

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? no
If so, specify _____
(Signed) J. S. Hickerson M. D.
(Address) Centralia 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 14 1934

