

SEP 15 1934

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

Do not use this space.

no final report  
File No. 23943  
Registered No. 27  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Saugus  
Township Benton  
City Waverly (No. \_\_\_\_\_)

Registration District No. 272  
Primary Registration District No. 5379

2. FULL NAME

Lois Edna Silvey  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.F. Silvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-127-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Waverly, Mo.

13. NAME Samuel Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Lyon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
Wade County

17. INFORMANT Wheat Harrison  
(ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried  
PLACE Waverly, Mo. DATE 7-22-1934

19. UNDERTAKER Chubingbeard  
(ADDRESS) Waverly, Mo.

20. FILED 8/28, 1934 Henry Burkell  
Registrar.

21 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 1, 1934, to July 21, 1934

I last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 2 m.

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

Coronary sclerosis Date of onset unknown  
94B  
1020

Other contributory causes of importance: Hypertension Arterial

Name of operation Thyroidectomy Date of Dec 31  
What test confirmed diagnosis? thyroid test Was there an autopsy? no

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 \_\_\_\_\_

(Signed) R.M. Norman, M. D.  
(Address) Waverly, Mo.

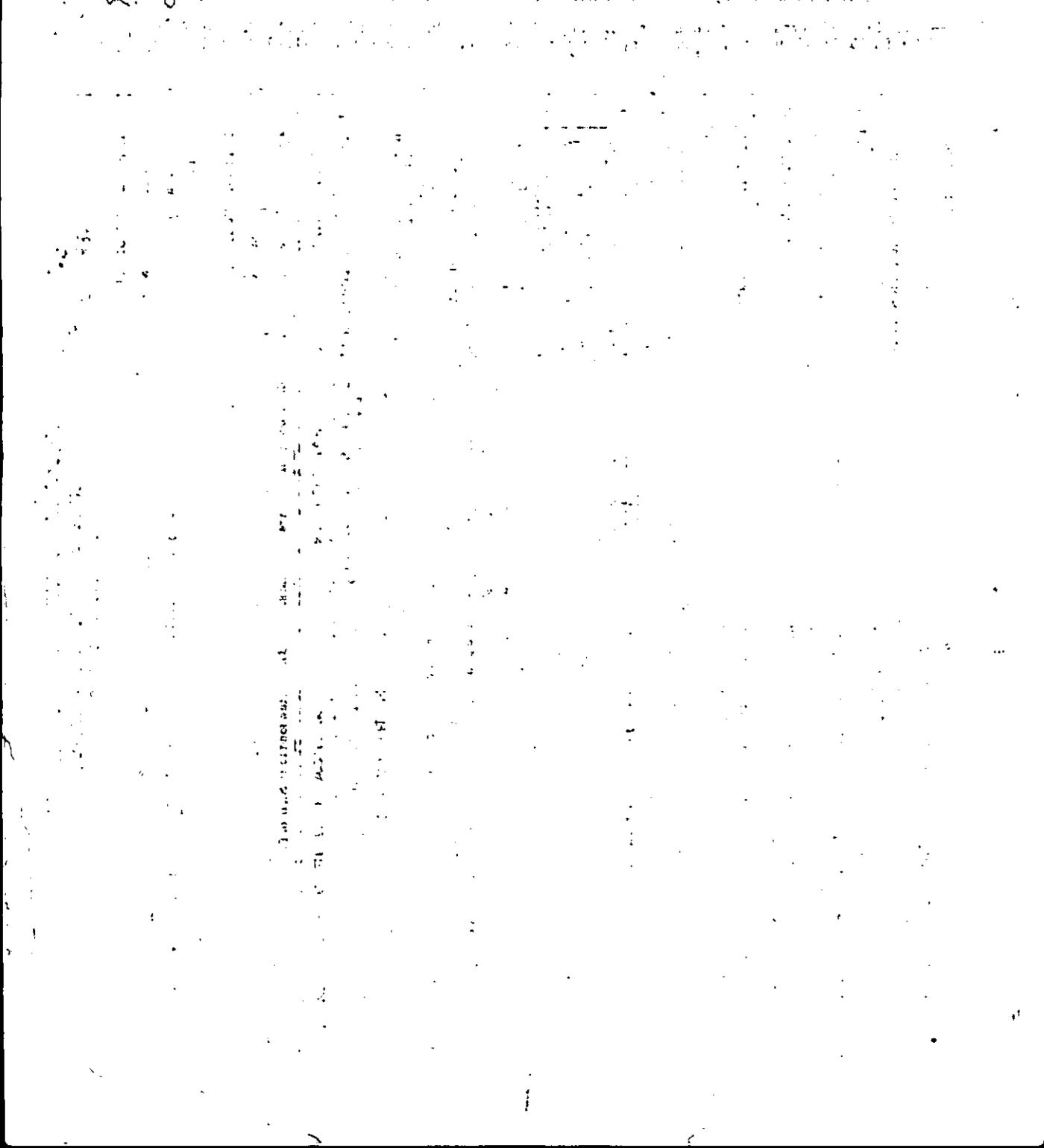
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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*Jacey*  
Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lais Edna Shuey

Who died at \_\_\_\_\_ on July 21-1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 46 Months 7 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
*Coronary sclerosis - Hypertension Arterial*

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Coronary sclerosis, arterial hypertension

Other contributory causes of importance Operation thyroidectomy, Dec. 1931 to relieve  
Name of operation thyroidectomy Date of Dec-1931 for Hyperthyroidism

What test confirmed diagnosis? Baillie's method Was there an autopsy? No

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

X Signature of Registrar: Henry C. Burke, Registrar Date filed 10-11-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 272

Very truly yours,

Primary Reg. Dist. No. 5379

*E. T. McLaughlin*  
Special Agent. *S.C.*

*R. A. Norman*

CONFIDENTIAL

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