

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

Do not use this space.

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MAY 31 1935

17049

**1. PLACE OF DEATH**

County Buttington Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 3026  
City Lehillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margarett Way  
(a) Residence, No. 205 Bridge St. 2nd Ward. (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>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>Sylvester Way</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 25 - 1860</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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>Davenport Iowa</u>		
FATHER	13. NAME <u>Hugh Silchrist</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Ray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mary Silchrist Lehillicothe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cem</u> DATE <u>May, 6 - 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Jas D Gordon Lehillicothe Mo</u>		
20. FILED <u>May 8 1935</u> <u>Donald McDowell</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 1935 to May 3 1935  
I last saw her alive on May 2 1935 Death is said to have occurred on the date stated above, at 7:40 m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy cerebral hemorrhage Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
hypertension  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? no  
If so, specify \_\_\_\_\_ (Signed) R. J. Brennan, M. D.  
(Address) Lehillicothe, 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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