

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

Do not use this space.

SEP 23 1935

27117

1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township Ohio Primary Registration District No. 5789
City Bellflower (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Cliphaley Burne Gilbert
(a) Residence, No. Bellflower St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Gilbert

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to Aug 25, 1935
I last saw h. em alive on Aug 25, 1935. Death is said to have occurred on the date stated above, at 10:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 11 19

Pulmonary Tuberculosis Date of onset _____

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Jra Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Myrtle Gilbert

18. BURIAL, CREMATION, OR REMOVAL PLACE Madisonia Co. DATE August 26, 35

19. UNDERTAKER (ADDRESS) Wayne M. Boy
Tray Co.

20. FILED 9/6, 1935 W. C. Rugg Registrar

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) Dr. D. J. Hazzard, M. D.
(Address) Olney, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. No statement should be omitted.



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
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1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township Paris Primary Registration District No. S789
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Eliphalet Barne Silbert

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Silbert

22. I HEREBY CERTIFY that I attended deceased from April 20, 1935 to Aug 25, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1867

I last saw _____ alive on Aug 25, 1935. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 10:30 p.m.

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

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

9. Industry or business in which work was done, at silk mill, saw mill, bank, etc.

Pulmonary Tuberculosis - ^{Date of onset} _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

Name of operation _____ Date of _____

MOTHER FATHER 13. NAME Ira Silbert

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

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

15. MAIDEN NAME Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Myrtle Silbert

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia Cem Aug 26, 1935

Nature of injury _____

19. UNDERTAKER (ADDRESS) Wayne M. Roy

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 9/6 1935 Registrar

If so, specify _____ (Signed) D. J. Hazard, M. D.

(Address) Olney, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-2717