

K.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.

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

Do not use this space.

JAN 16 1935

39156

1. PLACE OF DEATH

County Superior
 Township Salmon
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 118
 Primary Registration District No. 5419

File No. _____
 Registered No. 85

2. FULL NAME

Eli Wallace Silson

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Max Silson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 7 18

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

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

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) Atlanta, Ga.

13. NAME Frank R. Silson

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

15. MAIDEN NAME Mahaley Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Max Silson
Senath Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Senath Cemetery DATE Dec 29, 1935

19. UNDERTAKER (ADDRESS) M. D. Daniel
Senath Mo

20. FILED July 7 19 1935 A. W. Daniel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935 to Dec 19, 1935

I last saw him alive on Dec 18, 1935. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:
Culm T. B. Date of onset about 1935

Other contributory causes of importance: 3

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? _____

(Signed) H. W. Rudey, M.D. _____ M. D.
 (Address) _____

AUG 11 1944