

JAN 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Boone
City Franklin (No. _____)

Registration District No. 1104
Primary Registration District No. 0418

File No. 39198
Registered No. 19

2. FULL NAME

Herbert L. Silmore
Leshie mo

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 Male 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 Lola Silmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 53 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ever taken of mygnas sake

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) Dec 1935 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heaterville Tenn

13. NAME Don't know

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Lola Silmore

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodmen Cem DATE Dec 7 1935

19. UNDERTAKER (ADDRESS) E. H. Tamm

20. FILED 12-6 1935 W. P. Fitzgerald Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him _____ alive on Sweden death, 19____ Death is said to have occurred on the date stated above, at 7:30 A.m.

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

Hemorrhage of the Lungs
Tuberculosis

Other contributory causes of importance:
Result of a coughing spell

Name of operation none 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) E. L. Washington Coroner, M.D.
(Address) Union Mo.

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

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.

