

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

Do not use this space.

2630

FEB 24 1936

1. PLACE OF DEATH

County RAY
Township PAERL
City LAWSON (No. _____)

Registration District No. 742
Primary Registration District No. 5977a

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Antonio Sileman

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Sileman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1859
7. AGE YEARS 76 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

13. NAME Nicholas Sileman

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

15. MAIDEN NAME Sant Knapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sant Knapp

17. INFORMANT (ADDRESS) W M Sileman

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) ELMIRA Mo

19. UNDERTAKER (ADDRESS) J. A. WARD

20. FILED Jan 26 1936 Edwin Skowel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Jan 25 1936

I last saw him alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 9:15 P. M.

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

Cerebral Arteriosclerosis
General Senility
Hypertrophied Prostate
Emphysema

Other contributory causes of importance: M

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) Albert Buchner, M. D.
(Address) Lawson 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.

