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.

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 7288
Township — Primary Registration District No. 3034 — Registered No. 35
City Moberly, Mo. (No. Woodland Hospital St. Ward)

2. FULL NAME Sylvester Clay See
(a) Residence, No. St., Ward. Montgomery, Mo
(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 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 Mary C See
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10th 1871
7. AGE YEARS 64 MONTHS 11 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Mo

FATHER
13. NAME Noah See
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Mary A Sailor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Frank See Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery Mo DATE Feb 6th 1936
19. UNDERTAKER (ADDRESS) E. W. Hopkins Montgomery City, Mo.
20. FILED 2/4 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1936 to February 4, 1936
I last saw him alive on February 4, 1936 Death is said to have occurred on the date stated above, at 7:32 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Jan. 28, 1936
948	

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) Thos S Fleming, M. D.
(Address) Moberly Mo