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.

AUG 18 1936

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

Do not use this space.

25961

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: (No. ..., ... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 5280
File No. 75
Registered No.

2. FULL NAME: Samuel Edgar Siler.
(a) Residence, No. F.O.O.F. Home 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-15-1851
7. AGE: YEARS 85 MONTHS 4 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home.
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): Ohio.

FATHER
13. NAME: Adam Siler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Cynthia Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): Records F.O.O.F. Home Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Mo. DATE: 7-25-1936
19. UNDERTAKER (ADDRESS): Hessel-Myers Liberty Mo.
20. FILED: 7/24 1936 E T Brown Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1936.
22. I HEREBY CERTIFY That I attended deceased from [illegible] 1936 to July 23, 1936
I last saw h[illegible] alive on July 13, 1936. Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:
Senility

Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) F H Matthews, M. D.
(Address) Liberty Mo