DEC'D APR 20 1938

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

Do not use this space.

11190

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. , St. Ward)
Registration District No. 431
Primary Registration District No. 3023
File No.
Registered No. 31

2. FULL NAME James Sylva 410
(a) Residence, No. 805 N. Miller 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 Wk.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Manda Sylva
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1888
7. AGE YEARS 49 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Lafayette Co. Mo. 0

FATHER
13. NAME Thomas Sylva 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL. 9

MOTHER
15. MAIDEN NAME O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Manda Sylva Warrensburg Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Apr. 2, 1938
19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.
20. FILED Apr 2, 1938 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar. 31st, 1938, to March 31st, 1938
I last saw him alive on March 31st, 1938. Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis — Date of onset 8/31/38
Other contributory causes of importance: 82 P.
I know of none
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) O B Hall, M. D.
(Address) Warrensburg Mo.

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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.