

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

1 PLACE OF DEATH

County Dade
Township South
or
Village
or
City Waukegan (NO. _____ St. _____ Ward _____)

Registration District No. 1101 File No. 13 715
Primary Registration District No. 5331 Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Mary Miller Seaton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)
6 DATE OF BIRTH Feb 27 1884
(Month) (Day) (Year)

7 AGE 82 yrs. 10 mos. 18 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Virginia Kentucky

PARENTS
10 NAME OF FATHER George Seaton
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
12 MAIDEN NAME OF MOTHER Rebecca Dobbin
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Seaton
(Address) Lawrence St.

15 Filed Jan 15 1917 A. W. Daig Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 11 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Dec 31 1916 to Jan 10 1917, that I last saw her alive on Jan 10 1917 and that death occurred, on the date stated above, at 10:30 pm.

The CAUSE OF DEATH* was as follows:
Sub. Pneumonia
4 1/2 (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) J. L. Kuschner (M. D.)
1/12 1917 (Address) Greenfield Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death don't know yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence Pennshors, Mo.

19 PLACE OF BURIAL OR REMOVAL Pennshors Cemetery DATE OF BURIAL Jan 13 1917

20 UNDERTAKER Hugh Harrison ADDRESS Greenfield Mo

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.

