LOCAL REGISTRAR'S ...

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 41091A

1 PLACE OF DEATH

County New Madrid

Township Portage

or

Village

or

City (NO. St.: Ward)

Registration District No. 607 File No. ~~D 9~~

Primary Registration District No. 5806 Registered No. X 9

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

2 FULL NAME Marion Seabeaugh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mail

4 COLOR OR RACE Whit

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Dont no (Month) (Day) 1886 (Year)

7 AGE ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Burlinger co Mo

PARENTS

10 NAME OF FATHER Stephen Seabeaugh

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Potent Mo

12 MAIDEN NAME OF MOTHER ~~[illegible]~~

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) dont no

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R M Ball
(Address) Portageville Mo

15 Filed 7, 1918. R K Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov (Month) 16 (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 4, 1918, to 16, 1918, that I last saw him alive on 16 of nov, 1918 and that death occurred, on the date stated above, at 11-40 P.m. m.

The CAUSE OF DEATH* was as follows:

Spanish Influenzy

(Duration) About yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenzy

(Duration) yrs. mos. ds.

(Signed) P M Mayfield M. D.

..., 191... (Address) Portageville 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 ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death? Hellmon Mo

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hellmon Mo

DATE OF BURIAL ..., 191...

20 UNDERTAKER R L Young

ADDRESS Portageville

DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County ~~Remission~~ NEW MADRID 41091B

Township or Village or City Portageville

Registration District No. 607

File No. 41091B

Primary Registration District No.

Registered No. 10

(NO. ..... St.; ..... Ward)

2 FULL NAME Jennie Fisher

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Jan (Month) 13 (Day), 1882 (Year)

7 AGE: 36 yrs. 5 mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (City or town, State or foreign country): Decatirville Tenn

PARENTS

10 NAME OF FATHER: Mitchell Crawly

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Decatirville Te

12 MAIDEN NAME OF MOTHER: Mandy Smothers

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Decatirville Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H H Okeelly

(Address) Portageville Mo

15

Filed Dec 31, 1918, R. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 16 (Day), 1918

17 I HEREBY CERTIFY, that I attended deceased June 12, 1918, to June 16, 1918, that I last saw her alive on June 14, 1918, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Shock from confidement

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Okeelly M. D.

..... 191..... (Address) Portageville

*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 ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL: June 13, 1918

20 UNDERTAKER: R. D. Young

ADDRESS