

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

Do not use this space.

18621

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township Jasper Primary Registration District No. 2007 District No. 291
 City Joplin Mo Hospital _____ Ward _____

2. FULL NAME

John Seagle
 (a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) No record

10. NAME OF FATHER

No record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER

No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) No record

14.

INFORMANT Geo. Dyke
 (Address) Eric Has

15.

FILED 6/15/27 Benson Clark
 1927 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1927

17. I HEREBY CERTIFY That I attended deceased from 10 o'clock, 11 1927, that I last saw her alive on June 11, 1927, and that death occurred, on the date stated above, at 10:27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131

959 240
 (duration) 2 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Coronary atherosclerosis
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Labelony
 (Signed) Al Prosser, M. D.
 _____, 19 _____ (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Francis Cem St Paul Mo DATE OF BURIAL 6-15-1927

20. UNDERTAKER Northwest Lumber Co. Joplin Mo
 ADDRESS _____

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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

61, 27, 1927

JUL 2 1927

