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.

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

Do not use this space.

26474 B

1. PLACE OF DEATH

County Buchanan — Registration District No. 80 — File No.

Township Center, — Primary Registration District No. 5119 — Registered No. 18

City — (No. 6 Miles S.E. St. Joseph, Sparta Rd St. Ward)

2. FULL NAME Mary E. Seymour,

(a) Residence. No. 6 M.S.E. St. Joseph, Sparta Rd St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	11	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Samuel Linn,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

12. MAIDEN NAME OF MOTHER Elmira Harness

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) South Carolina,

14. INFORMANT Aaron Seymour
(Address) R.F.D.# 5, St. Joseph, Mo.

15. FILED 9/5 1927 R. F. Dowell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1927, to Sept. 4, 1927, that I last saw her alive on Sept. 3rd, 1927, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Sarcoma

45C 45

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. R. Peter JWK, M. D

Sept 6, 1927 (Address) Wallace, 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	DATE OF BURIAL
Sparta Cemetery	Sept. 6 1927
20. UNDERTAKER	**ADDRESS**
Heaton-Belsole Und Co. by J. W. Kaale	St. Joseph, Mo.