OCT 26 [illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 27729
Township — Primary Registration District No. 3026 — Registered No. 102
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Seward Hallenburg
(a) Residence. No. 1420 Calhoun St., 1st 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1863

7. AGE: Years 64 — Months 3 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Interior decorator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Meadville (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Louis Hallenburg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linneus (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Louise Brigman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs S. Hallenburg
(Address) 1420 Calhoun Chillicothe Mo

15. FILED 9-28 1927 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Did not attend, 19..., to Deceased, 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at about 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of heart
95B
9010
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History of Case
(Signed) A. Collier, M. D
Sept 27, 1927 (Address) Chillicothe Mo Coroner Livingston Co

*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: Meadville Mo — DATE OF BURIAL: 9-30 1927

20. UNDERTAKER: F B Norman — ADDRESS: Chillicothe 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.