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

Do not use this space.

28112

File No. .....

Registered No. 62

1. PLACE OF DEATH

County: Ray

Registration District No. 740

Primary Registration District No. 4442

Township: .....

City: Hardin (No. ....., ... St. ..... Ward)

2. FULL NAME: Ruby V Seward

(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. ..... 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~~ Emma A. Seward

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 9 - 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	24	

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

9. BIRTHPLACE (CITY OR TOWN): Ind.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Joseph Seward

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Don't

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs R V Seward
(Address): Hardin Mo

15. FILED Oct 10, 1927 Jno W. Knipschild REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1927, to Sept 3, 1927, that I last saw h. alive on Sept 3, 1927, and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
D.D.
D.D.
D.D.
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) 2 yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF: —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Marvin Simms, M. D

, 19 (Address) Hardin, 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: Hardin Cem

DATE OF BURIAL: Sep 4 1927

20. UNDERTAKER: Jno W. Knipschild

ADDRESS: Hardin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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225.00
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