

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

Do not use this space.

4644

File No. _____
Registered No. 153 _____
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 007) E. Missouri St. _____ Ward _____

2. FULL NAME Lyman H. Seaman
(a) Residence No. 507 E. Missouri 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928

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

17. I HEREBY CERTIFY That I attended deceased from Feb 20 1928 to Feb 26 1928 (that I last saw him alive on Feb 29, 1928), and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 25

103 Pneumonia (duration) yrs. mos. ds.
(Lobar)

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

CONTRIBUTORY (SECONDARY) 103 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Andrew Seaman

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Esther Rogers

WHAT TEST CONFIRMED DIAGNOSIS Dr. A. B. Smith M. D.
(Signed) _____, 19 _____ (Address) Springfield Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

*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.

14. INFORMANT (Address) Mrs Anna Seaman
Springfield Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas city Mo. DATE OF BURIAL 3/28 1928

15. FILED 2-29-28 Ol. Horst REGISTRAR

20. UNDERTAKER Rayson Funeral Home ADDRESS Springfield 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.

1928

