

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

Do not use this space.

4874

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St Joseph Hospital)

Registration District No. 1002
Primary Registration District No. _____

File No. _____
Registered No. 529 (Ward)

2. FULL NAME

Mildred Jean Seymour

(a) Residence. No. 3530 Forest ave. 13 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 Fe 4. COLOR OR RACE white 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) Feb-5-1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wichita
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER O. A. Seymour

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

12. MAIDEN NAME OF MOTHER Hazel Chittenden

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

14. INFORMANT O. A. Seymour
(Address) 3530 Forest ave

15. FILED 2/6/28 M. M. Cross
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb-4 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 22 1928, to Feb 4 1928 that I last saw her alive on Feb 4 1928 and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 Septicemia
35 Pyorrhea & sinus thrombosis
(duration) yrs. mos. da. 14
CONTRIBUTORY (SECONDARY) Pyorrhea & sinus thrombosis
(duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED at home
(IF NOT AT PLACE OF DEATH)

2 DID AN OPERATION PREVENT DEATH? yes DATE Jan 25, 28
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical tests
(Signed) William S. Giesbrock, M. D.
1928 (Address) 724 Argyle Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Feb 6 1928

20. UNDERTAKER Howe & Werners Sons ADDRESS K. C. 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.

Veo - 5211 Rock Hill Rd He 6555 -

1-5 pm.