

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

Do not use this space.

8941

1. PLACE OF DEATH

County..... *Jackson*
Township..... *Kaw*
City..... *Hannibal City*

Registration District No..... *399*
Primary Registration District No..... *1002*
(No. 29 Penn Valley Drive)

File No.....
Registered No. *1113*
St..... Ward.....

2. FULL NAME

Louis Seibold
(a) Residence, No..... *2817 Bellevue* St., *3* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *16* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 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) *Aug 30 - 1906*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Up hoisting*
(b) General nature of industry, business, or establishment in which employed (or employer) *Dept Abrvathys Furniture Dept*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Allen Mo 1894*
(STATE OR COUNTRY) *K.C. Mo*

PARENTS

10. NAME OF FATHER *Jno Seibold*

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

12. MAIDEN NAME OF MOTHER *Theresa Zillner*

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

14. INFORMANT *John Seibold*
(Address) *2817 Seibold*

15. FILED *312 28 M M Lerville* REGISTRAR
19.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 11 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Accidental automobile
fractures - multiple
injuries.*

210M (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *K.C. Mo*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *1880*
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS *Pathology*

(Signed) *John G. Brugh* M.D.
3/11 1928 (Address) *Deputy Coroner*

*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 *St Marys Cem* DATE OF BURIAL *Mar 14 1928*

20. UNDERTAKER *John W Wagner* ADDRESS *1409 Grand Ave*

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.

