

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Warren
City Anna

Registration District No. 467
Primary Registration District No. 4280

File No. 13883
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. RFD # 2 St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name)

Margaret Sebeur

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

July 28 1858

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 9 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind

10. NAME OF FATHER

Thomas Sebeur

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER

Mary J. Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind

14. INFORMANT

Oliver Sebeur
(Address) Anna, Ind

15. FILED

19. Bill Smart REGISTRAR

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

April 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1928, to _____, 1928, that I last saw him alive on _____, 1928, and that death occurred, on the date stated above, at _____, 11:42 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

84 / pneumonia.
1192
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY immunity refused food for
(SECONDARY) many weeks (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

18. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Bill Smart, M. D.
, 19 (Address) Anna Ind

*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

DATE OF BURIAL

Maple Park Cemetery 4/28 1928

20. UNDERTAKER

ADDRESS

New funeral home Anna

N. B.—Every item of information should be carefully supplied. A fee amount to state health officer. If no fee is paid, the certificate will not be filed. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

