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

Do not use this space.

16106

JUN 30 1928

1. PLACE OF DEATH
County: Bollinger — Registration District No.: 70 — File No.:
Township: Whitewater — Primary Registration District No.: 5709 — Registered No.: 9
City: ~~Sedgewickville~~ (No. ..... St. ..... Ward)

2. FULL NAME: Polly Ann Seabaugh

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Joseph Seabaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-29-1868

7. AGE: Years 59 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Bollinger Co.

PARENTS
10. NAME OF FATHER: Henry Clay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Seabaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co.

14. INFORMANT: Joseph Seabaugh
(Address): Sedgewickville Mo

15. FILED 5-24, 1928 P. S. Statler, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to May 23rd, 1928, that I last saw her alive on May 23rd, 1928, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endo-carditis

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Crites, M. D.
, 19 (Address) Sedgewickville 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: Sargents Chapel — DATE OF BURIAL: May 24 1928

20. UNDERTAKER: Crossaft & Miller — ADDRESS: Jackson Mo