OV 22 1928

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

Do not use this space.

34473

1. PLACE OF DEATH
County Pulaski — Registration District No. 712 — File No.
Township Liberty — Primary Registration District No. 5941 — Registered No. 32
City Swedeborg (No. ..... St. ..... Ward)

2. FULL NAME William K. Seaton
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. A. Seaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 27 1842

7. AGE: 86 YEARS — MONTHS: 0 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer 82
(b) General nature of industry, business, or establishment in which employed (or employer): unknown
(c) Name of employer: Unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Alexander Seaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Elvira Cratz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Mrs M. A. Seaton
(Address): Swedeborg Mo

15. FILED 11.8, 1928. Everett A. Oliver, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Oct 2nd 1928, that I last saw him alive on Oct 2nd, 1928, and that death occurred, on the date stated above, at 8.40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
174A1
(duration) 4 yrs. 0 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Lee, M. D
Oct 3, 1928 (Address) Cracker 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: Cracker Cemetery — DATE OF BURIAL: Oct 3 1928

20. UNDERTAKER: Paul Hoofe — ADDRESS: Cracker Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.