

JAN 23 1929

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

Do not use this space.

39734

1. PLACE OF DEATH

County Cape Girardeau
Township Royal
City Gordonville (No.)

Registration District No. 126
Primary Registration District No. 5174B

File No.
Registered No. 6
St. Word)

2. FULL NAME

Phillip Sebastian

(a) Residence. No. Gordonville Mo 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. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sebastian

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 | 9 | 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gordonville
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herman Sebastian

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Mrs. A H Sebastian
(Address) Gordonville Mo

15. FILED 12/6 1928 Mrs. M. W. Ford
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1928, to Dec 6 1928 that I last saw him alive on Dec 6 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

1290 93c
(duration) 1 yr. 14 mos. 14 da.

CONTRIBUTORY (SECONDARY) Myo Carditis
(duration) 1 yrs. mos. da.

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

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

19. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) E. R. Schwen, M. D.
12-6-1928 (Address) Jackson 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 Gordonville Mo DATE OF BURIAL Dec 6 1928

20. UNDERTAKER M. H. Lorberg Cape Girardeau
ADDRESS

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.

