

JAN 24 1929

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

Do not use this space.
41493

1. PLACE OF DEATH

County *D. Fayette*
Township *Lexington*
City *Lexington* (No.)

Registration District No. *461*
Primary Registration District No. *3024*

File No. *92*
Registered No.
St. Ward)

2. FULL NAME *Lena Seiter*

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed* (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 20-1928*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 7 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Lexington*
(STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *John Mereret*

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

12. MAIDEN NAME OF MOTHER *Willie Wolfer*

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

14. INFORMANT *John M. Seiter*
(Address) *Lexington Mo*

15. *Dec 13 24 J. D. Cope*
FILED REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 12 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1928* to *Dec 12 1928*, and that I last saw him alive on *Dec 12 1928*, and that death occurred, on the date stated above, at *7:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11/24
(duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *myocarditis + Chronic Bronchitis*
(duration) *2* 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) *A. J. Gaddy*, M. D.
Dec 13 1928 (Address) *Lexington*

*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 *Lexington Mo* DATE OF BURIAL *Dec 15 1928*

20. UNDERTAKER *Ernest Regert* ADDRESS *Lexington Mo*

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.

