

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

Do not use this space.

21112

24 1929

1. PLACE OF DEATH

County Amplius Registration District No. 287
 Township Ind. purchase Primary Registration District No. 1122
 City Kennett (No.) St. Ward

File No.
 Registered No.

2. FULL NAME Montie Pette Seymour

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 J. M. Seymour

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	<u>40</u>	<u>2</u>	<u>26</u>	

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) Kennett
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jim Pette

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

12. MAIDEN NAME OF MOTHER Mary Wilkins

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

14. INFORMANT J. M. Seymour
 (Address) Kennett, Mo

15. File No. 1122 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1929, to June 5, 1929, that I last saw him alive on June 5, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Checosis
23A

CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. 6 mos. da.

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. no
 (Signed) Paul Baldwin, M. D.
 , 19 (Address) Kennett 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 Liberty DATE OF BURIAL 6/6 1929

20. UNDERTAKER Baldwin-Lewis Co. 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.

