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JUL 27 1929

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

Do not use this space.

22533

1. PLACE OF DEATH

County St. Louis. Registration District No. 789 File No.

Township Central. Primary Registration District No. 60 3388 Registered No. 193

City Vinita Park. (No. 8220 Eads, Ave. St. Ward)

2. FULL NAME Cecelia. A. Seavers.

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House - work
(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) Missouri.

PARENTS

10. NAME OF FATHER Hy. Shields

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

12. MAIDEN NAME OF MOTHER Elizabeth. Parker.

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

14. INFORMANT Mary. Lynes.
(Address) 8220 Eads. Ave. Vinita Park.

15. FILED 6/17, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June. 10. 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to June 10th, 1929 that I last saw her alive on June 10th, 1929, and that death occurred, on the date stated above, at 11.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
(chronic pulmonary)
23A (duration) several yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kirkwood, Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? T.B. Bacillus in sputum
(Signed) Wm Alexander S [illegible] M. D.
6/11, 1929 (Address) Webster Groves

*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	DATE OF BURIAL
Des. Peres. Cemetery.	June, 12 1929
20. UNDERTAKER	ADDRESS
Louis. H. Bopp	Kirkwood Mo.

WHITE 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.

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