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

Do not use this space.

39801

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1482
City St. Joseph Mo. (No. State Hosp. #2 St. Ward)

2. FULL NAME Anna M. Seward
(a) Residence. No. State Hosp. #2 St. Joseph 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. 3 mos. 29 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 (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1843

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

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

9. BIRTHPLACE (CITY OR TOWN) Guilford
(STATE OR COUNTRY) Connecticut

PARENTS
10. NAME OF FATHER Thomas Torpy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT Hosp. Records
(Address) State Hosp. #2 St. Joseph Mo.

15. FILED DEC 27 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1929, to December 27, 1929, that I last saw her alive on December 26, 1929, and that death occurred, on the date stated above, at 5 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
(duration) Several mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) Several mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kansas City Missouri
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) George W. Forman, M. D.
Dec 27, 1929 (Address) State Hosp. #2 St. Joseph 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: Kansas City Mo — DATE OF BURIAL: 12/30/ 1929

20. UNDERTAKER: Lindsey & Sons — ADDRESS: 3811 Broadway Kansas City 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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1930