

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

Do not use this space.

10

1. PLACE OF DEATH

County ADAIR Registration District No. 4 File No. _____
 Township _____ Primary Registration District No. 3001 Registered No. 121
 City KIRKSVILLE MO. (No.) LAUGHLYN HOSPITAL St. _____ Ward _____

2. FULL NAME WM H SEAY

(a) Residence. No. LAHOMA OKLAHOMA St. _____ Ward _____
 (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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOWED</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>MAR # 27 1852</u>		
7. AGE <u>77</u>	YEARS <u>10</u>	MONTHS <u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>FARMER</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>STOCK & GRAIN</u> (c) Name of employer <u>SELE</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>RICHMONG VA</u>		
PARENTS	10. NAME OF FATHER <u>JENNINGS GORDON SEAY</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>RICHMOND V A</u>	
	12. MAIDEN NAME OF MOTHER <u>FRANCIS THORNINGTON</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1930, to Jan 30, 1930, that I last saw him alive on Jan 30, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
1913 (duration) yrs. mos. 9 ds.
 CONTRIBUTORY (SECONDARY) 1170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 23 30
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Geo W Laughlin MD
 (Address) Kato ville 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 DATE OF BURIAL
EAST CENTER CEMETERY 2-2 1930
 20. UNDERTAKER ADDRESS
Doris Wilson Kipholle

14. INFORMANT Leland Seay
 (Address) YALE OKLAHOMA
 15. FILED 1/31 1930 W Becker REGISTRAR
deputy

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

0 here

1
2
7

2

1

1930-1-30
1852-3-21

77-10-3