

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

Do not use this space.

8559

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. ....)

Registration District No. 298  
Primary Registration District No. 3019

File No. ....  
Registered No. 88  
St. .... Ward)

**2. FULL NAME**

Elvin E. Seaton  
(a) Residence. No. 216 West Mill 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
32 0 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labour  
(b) General nature of industry, business, or establishment in which employed (or employer) Cleaner Mfg. Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Paris  
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER Macom W Seaton

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

12. MAIDEN NAME OF MOTHER Mathis

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

14. INFORMANT Macom W Seaton  
(Address) 216 W. Mill St Independence

15. FILED 3-24-30 J. L. Cook REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1929, to Mar 23, 1930 that I last saw him alive on Mar 23, 1930 and that death occurred, on the date stated above, at 10:00 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Flu & Tuberculosis of Lungs  
23A  
Flu (duration) yrs. 4 mos. - ds.  
CONTRIBUTORY (SECONDARY) Flu (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at his home Independence Mo  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. M. Beard M. D.

3-24-1930 (Address) Independence 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 Mound Grove DATE OF BURIAL 3-25 1930

20. UNDERTAKER E. L. Carson ADDRESS Low Independence 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.

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Mr. C. M. Beryl  
King, Mo.