MAY 28 1930

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

Do not use this space.

14985

1. PLACE OF DEATH
County: Saline — Registration District No.: 796
Township: — Primary Registration District No.: 3038
City: Marshall (No. ..... St. ..... Ward)

File No.:
Registered No.: 40

2. FULL NAME: Dorothy Seiberling
(a) Residence. No. 3812 S. Benton st. St., ... Ward. Kansas City Mo.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lloyd Seiberling

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 21 1884

7. AGE: Years 46 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Archiling
(STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: Chris Frandsen
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): France

14. INFORMANT: Lloyd Seiberling Jr.
(Address) 3812 S. Benton st. Kansas

15. FILED 4-12, 1930 Mrs John H. McClure
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1930, to April 7, 1930, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 8 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Decubitus
Prostatic Hypertrophy
Acute Pyelitis
..... (duration) 5 yrs. mos. ds.

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

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? Physical Findings
(Signed) D. Harrison M. D.
April 7, 1930 (Address) Marshall 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: Ridge Park Cem. — DATE OF BURIAL: April 8 1930

20. UNDERTAKER: L. R. Vandiner — ADDRESS: Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD