

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

Do not use this space.

19860

JUL 23 1930

1. PLACE OF DEATH
County Johnson Registration District No. 431
Township Centerview Primary Registration District No. 5589
City Centerview (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME James Henry Seip
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Susan E. Seip
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 - 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 8 15
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930
17. I HEREBY CERTIFY, That I attended deceased from April 15-16, 1920, to June 12, 1930, that I last saw him alive on June 10, 1930, and that death occurred, on the date stated above, at 9:15 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial insufficiency at arterial sclerosis
18. WHERE WAS DISEASE CONTRACTED General (duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
10. NAME OF FATHER Mc H Seip
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherina Kraus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

18. WHERE WAS DISEASE CONTRACTED General
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) John T. Anderson M. D.
(Address) Wassersburg, 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.

14. INFORMANT Chas Seip
(Address) Centerview, Mo.
15. FILED June 13 30 Wm Patterson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Centerview Cemetery June 13-30
20. UNDERTAKER Wm Patterson ADDRESS _____

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.

