

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.

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

696

PLACE OF DEATH

County Dallas
Township 2-Benton
City Buffalo (No. 1)

Registration District No. 241
Primary Registration District No. 41477

File No. 574
Registered No. 574
St. Mo. Ward 1

2. FULL NAME

(a) Residence. No. 1 St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-11-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Martin Co
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER John Seims

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Martin Co
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Arada Kennedy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Martin Co
(STATE OR COUNTRY) Ind. Indiana

14. INFORMANT Mrs. H. H. Seims
(Address) Buffalo Mo.

15. FILED 2/4/30 1930 H. H. Seims REGISTRAR

☒ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26-1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to 1-26-, 1931, that I last saw him alive on 1-26-, 1931, and that death occurred, on the date stated above, at 5:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
91 (duration) yrs. mos. 4 da.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Not at place of death
IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/26/31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS usual
(Signed) G. O. Plummer M. D.
, 19 (Address) Buffalo 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 Green Lawn DATE OF BURIAL 1-29-1931
20. UNDERTAKER L. B. Seims ADDRESS Buffalo

