

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

Do not use this space.

9557

File No. _____
Registered No. 251
St. _____ Ward)

1. PLACE OF DEATH

County Bremer Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. No. 425 Cherry

2. FULL NAME

(a) Residence, No. 425 Cherry Springfield Mo. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Recp. Royal McCallie 940

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. + Wheeler Paddock

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 191

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Ben Sebring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Emily Marguard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT Mrs. Luthy Turner
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3/29 1931

19. UNDERTAKER (ADDRESS) 534 St. Louis St.

20. FILED 2-25 1931 Gov. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him dead on Mar 27, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
Date of onset _____
Other contributory causes of importance _____
940

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Monray C. Stone Coroner, M. D.
(Address) Springfield, 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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APR 23 1931

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

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