

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

Do not use this space.

19555

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Mo. Baptist Hospital) St. Ward)

File No.
 Registered No. 5512

2. FULL NAME

(a) Residence. No. St. 12 Ward. Festus 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 23

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

9. BIRTHPLACE (CITY OR TOWN) Rayville (STATE OR COUNTRY) Mo.

10. NAME OF FATHER David Seabough
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Mary Cites
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Lee Seabough (Address) Festus Mo.

15. FILED MAY 12 1955 M. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1931
 17. I HEREBY CERTIFY, That I attended deceased from 5/11/31, 19... to 5/11/31, 19... that I last saw him alive on 5/10/31, 19... and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria
20 yrs
uncertain probably 3 weeks (duration) yrs. mos. ds.
hall stained
uncertain prob. 10 years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Crystal City Mo.
 DISEASE OPERATION PRECISE DEATH no DATE OF could not get
him in condition for operation
 WAS THERE AN AUTOPSY? yes
I saw gall bladder & kidney
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Hudson Talbot M. D.
5/11, 1931 (Address) Metropolitan Bldg.

*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 Festus Mo DATE OF BURIAL 5/13 1931

20. UNDERTAKER Quester & Vineyard ADDRESS Festus 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.

