

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

Do not use this space.

20378

**1. PLACE OF DEATH**

County Wayne  
Township St. Francois  
City Patterson (No. \_\_\_\_\_)

Registration District No. 890  
Primary Registration District No. 6188

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert Allen Sebastian

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lulu Ann Sebastian</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2/3/1868</u>		
7. AGE <u>63</u>	YEARS <u>3</u>	MONTHS <u>10</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

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) Missouri  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>G.W. Sebastian</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Mattie Thompson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Jos W Sebastian  
(Address) at Patterson

15. FILED 6-20-19 31 at 9 9 employees  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1931  
17. I HEREBY CERTIFY, That I attended deceased from May 20 - 1931 to May 27 1931  
that I last saw him alive on 5/27/31 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
T.B. Meningitis  
Including T.B.  
24A as stated  
(duration) yrs. 5 mos. 10 ds.  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
Don't know  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. W. Towne, M. D.  
, 19 (Address) Piedmont, 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  
Bounds Cemetery DATE OF BURIAL  
5/31/1931

20. UNDERTAKER  
Yates and Co. Piedmont, 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.

JUL 28 1931

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

