

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

Do not use this space.

29065

1. PLACE OF DEATH

County Boon Registration District No. 699
Township Lake Creek Primary Registration District No. 5897
City Boon

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1 Spring 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alvina Francis Seifner</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9, 18 52</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>1</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County Missouri</u>				
FATHER	13. NAME <u>Peter Seifner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Do not know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Philip Seifner</u> (ADDRESS) <u>Spring Fork</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bahner</u> DATE <u>8/11/31</u>				
19. UNDERTAKER <u>McLaughlin Bye</u> (ADDRESS) <u>Sealston Mo</u>				
20. FILED <u>Aug 12, 1931</u> <u>Mrs J L Monseer</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb, 22, 1931, to Aug 9, 1931
I last saw him alive on Aug 9th, 1931. Death is said to have occurred on the date stated above, at 8:15 A. m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease
Chronic Nephritis
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Harry Bay, M. D.
(Address) Cole Camp, Mo

Date of onset
Don't know.

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.

RECORD WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 25 1931

Small
number of
M. ...