

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

Do not use this space.

33663

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. Missouri Methodist Hospital,)

85

Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 1058
St. _____ Ward _____

2. FULL NAME Martin Luther Seip,

(a) Residence, No. 2703 Jackson, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Seip,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer, 187

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Depot Co.

10. Date deceased last worked at this occupation (month and year) October 1931 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pennsylvania,

13. NAME John Thomas Seip,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pennsylvania,

15. MAIDEN NAME Pectoria Norton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pennsylvania,

17. INFORMANT (ADDRESS) Frank C. Seip, 2012 Penn Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Oct. 17th., 1931

19. UNDERTAKER (ADDRESS) Walter Behle & Business, 319 S. 10th. St. Funeral Home

20. FILED 10-15-1931 John R. Bender, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15th., 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Oct 15, 1931

I last saw him alive on Oct 14, 1931 Death in said to have occurred on the date stated above, at 7:45 a.m. Oct 15/31

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

Proxay occlusion Date of onset

94B

Other contributory causes of importance: Hypertrophied Prostate

Name of operation Prostatectomy Date of Oct 3/31
What test confirmed diagnosis? Chrom. 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) Charles Greenberg, M. D.
(Address) P. O. Box 107 Josephmo

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.

NOV 23 1931

