

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

Do not use this space.  
**40334**  
**40244**

1. PLACE OF DEATH  
County Cape Girardeau Mo. Registration District No. 125  
Township " " Primary Registration District No. 2009  
City " " (No. 911 Jefferson) St. " " Ward " "

2. FULL NAME MR JONAS Leo Seabaugh  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs Josie Seabaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1886

7. AGE YEARS 45 MONTHS 6 DAYS 9 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

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

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

12. BIRTHPLACE (CITY OR TOWN) Sedgewickville (STATE OR COUNTRY) Mo

FATHER 13. NAME Eli Seabaugh

14. BIRTHPLACE (CITY OR TOWN) Sedgewickville (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Evelyn Seabaugh

16. BIRTHPLACE (CITY OR TOWN) Sedgewickville (STATE OR COUNTRY) Mo

17. INFORMANT Mr Adolph Seabaugh (ADDRESS) 2147 Goodhope

18. BURIAL, CREMATION, OR REMOVAL PLACE Truitt Cemetery DATE 12-13 1931

19. UNDERTAKER Wintrop Howell Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 12/13 1931 W.C. Thumppfer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Dec 12, 1931  
I last saw him alive on Dec 12, 1931. Death is said to have occurred on the date stated above, at 11:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Atherosclerosis (Date of onset ab. 1929)  
(Blood pressure 240+)  
97  
105  
98

Other contributory causes of importance: " "

Name of operation 9 ✓ Date of 9 ✓  
What test confirmed diagnosis? none 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 George H. Walker, M. D.  
(Signed) Cape Girardeau MO  
(Address)

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

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.

JAN 1 9 1932

