

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

Do not use this space.

1283

1. PLACE OF DEATH

County Jefferson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Kansas City (No. Kansas City Gen. Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 321

2. FULL NAME

Robert Seton
 (a) Residence, No. 1650 Jefferson St. 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 OF (OR) WIFE OF Mary Seton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 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) Quincy 2

13. NAME B. F. Seton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Donnelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Reverend Clerk (ADDRESS) 1200 Gen. Hosp. Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE 1-28 1932

19. UNDERTAKER W. L. Lantry Sons (ADDRESS) 700 7th St.

20. FILED Jan 27 1932 M. M. Kerove Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932
 22. I HEREBY CERTIFY, That I attended deceased from 11-3 1931, to 1-27 1932
 I last saw him alive on 1-27 1932 Death is said to have occurred on the date stated above, at 12:55 a.m.

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

Adenocarcinoma of the prostate
5/6
137 5/6
 Date of onset _____

Other contributory causes of importance: _____

Name of operation Prostate Date of 12-11-32

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) P. E. Williams M. D.

(Address) Sup't. Tec. Gen. Hosp. Bldg.

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.

MARGIN RESERVED FOR BINDING

NO. 2

