

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 85
 Township St. Joseph Mo. Primary Registration District No. 1001
 City St. Joseph Mo. No. Missouri Methodist Hospital Registered No. 7440
 Ward 238

2. FULL NAME Bennetta Seagan
 (a) Residence, No. Bower Mo. 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Seagan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 24 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </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>Buchanan County 1 Missouri</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 2 Virginia</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>Arthur Seagan St. Joseph, Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Mills near Edgerton Mo.</u> DATE <u>March 10 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Florman Funeral Home Inc. St. Joseph, Missouri</u>		
20. FILED <u>MAR 10 1932</u> <u>John R. Bender Registrar</u>		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 27 1932 to Mar 8 1932
 I last saw her alive on Mar 8 1932 Death is said to have occurred on the date stated above, at 5:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma pylor. of stomach
47 46 B 1195
 Other contributory causes of importance:
Asterio - dt. Type 101. Cbr. met. Gastro-Ent. 1
 Name of operation Gastro-Ent. Date of Feb. 29 1932
 What test confirmed diagnosis? opr Was there an autopsy?

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) Frank J. Norbigan M. D.
 (Address) Empire 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.

APR 25 1932

