

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 40 D
 Township Mason Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

File No. 8865
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Jacob Frederick Seiwart
 (a) Residence No. 820 Walnut St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 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>Anna Seiwart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27, 1862</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>0</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baden Germany</u> 10			
	13. NAME <u>J. F. Seiwart</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winkleson Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 31			
17. INFORMANT <u>V. P. Seiwart</u> (ADDRESS) <u>1040 N. Sprague - Carthage, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>March 19, 1932</u>				
19. UNDERTAKER <u>Knell Mortuary</u> (ADDRESS) <u>Carthage, Missouri</u>				
20. FILED <u>3/18</u> 19 <u>32</u> <u>E. H. Hatcher</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931, to March 17th, 1932

I last saw h. in. alive on March 17, 1932. Death is said to have occurred on the date stated above, at 12:45 m.

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

Endocarditis (Chronic) Date of onset One year

131
12A

Other contributory causes of importance:

Nephritis (Chronic) 4 years standing

Name of operation None 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 (D)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. H. Hatcher, M. D.
 (Address) 378 N. East Carthage

APR 27 1932

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

