

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

Do not use this space.

16552

File No. 71
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

50 County St. Louis Co Registration District No. 424
Township Big River Primary Registration District No. 5579
City _____ (No. _____ St. _____ Ward)

2. FULL NAME

Frank Edwin Seard

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

Length of residence in city or town where death occurred yrs. mos. da. 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5 4 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work labor 113
(b) General nature of industry, business, or establishment in which employed (or employer) Road Work
(c) Name of employer Rain's Bros

9. BIRTHPLACE (CITY OR TOWN) Rich. Mo. Neb 2
(STATE OR COUNTRY)

10. NAME OF FATHER Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minna

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT Charles Bros
(Address) Oklahoma

15. FILED _____ 19 May 11 1932
John F. Roeser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/9 1932

17. I HEREBY CERTIFY That I attended deceased from _____
_____ 1932
that I last saw him _____ alive on _____, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental crushing of chest
in Road construction work
212 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____ (5)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Rxgals
(Signed) Dr. J. H. ... M. D.
_____ 19 _____ (Address) Barren Jeffers County Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nebraska DATE OF BURIAL May 13 1932

20. UNDERTAKER Casey St Clair ADDRESS 940

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.

JUN 23 1932

It is a very important
document should state

property of the State. It
should be applied.

FORM OF DEATH

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson
Township Big River
City (No.) St. Ward

Registration District No. 424
Primary Registration District No. 5-5-79

File No.
Registered No. 71
St. Ward

2. FULL NAME

(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 OF (OR) WIFE OF Clazel Search
Wife was sick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Could not obtain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. could not obtain
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) Nebraska

13. NAME Frank Search

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL buried
PLACE Nebraska DATE June 7 1932

19. UNDERTAKER (ADDRESS) Casey & Glesby & Co

20. FILED June 7 1932 J. F. Roever Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1932

22. I HEREBY CERTIFY, That, I attended deceased from to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Accidental crushing
of chest in road
construction work
Other contributory causes of importance: 176

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: 32
Accident, suicide, or homicide? accident Date of injury 5-12-1932

Where did injury occur? German Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushed between two wagons
Nature of injury Crushing of chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify connected with road work

(Signed) Carone M. D.
(Address)

SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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