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.

JUL 25 1932

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

Do not use this space.

20107

1. PLACE OF DEATH

63 County Maries — Registration District No. 341 — File No.

Township Jefferson — Primary Registration District No. 5730 — Registered No.

City (No. St. Ward)

2. FULL NAME Minnie Belle Seymore

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female — 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 Robt. V. Seymore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1881

7. AGE — YEARS 50 — MONTHS 10 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Maries Co Mo.

FATHER

13. NAME Amos Hodge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co

17. INFORMANT (ADDRESS) R. I. Seymore Belle Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Skaggs Cem DATE June 9, 1932

19. UNDERTAKER (ADDRESS) S. G. Lickliden Belle Mo

20. FILED July 10, 1932 Leanora Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, That I attended, deceased from Mar, 1932, to June 8, 1932, I last saw her alive on June 8, 1932 Death is said to have occurred on the date stated above, at 7:20 p.m.

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

Cancer of breast. — Date of onset 1923

50

Other contributory causes of importance: Cancer other organs.

Name of operation Breast Removed Date of 1923.

What test confirmed diagnosis? Microscope 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

(Signed) W. R. Terrell, M. D.

(Address) Belle Mo