

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.

SEP 21 1932

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

Do not use this space.

22079

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City (No. 86)

Registration District No. 5127  
Primary Registration District No. St. Joseph, Route 7

File No. 5957  
Registered No. 5957  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Arnold Seitz

(a) Residence, No. St. Joseph Route 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred 28 yrs. 9 mos. 24 ds. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 6, 1903.</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>9</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Laborer 2</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) <u>July 1, 1932</u>		11. Total time (years) spent in this occupation <u>15 Yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County, Missouri. 1</u>		
13. NAME <u>John F Seitz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County, Missouri.</u>		
15. MAIDEN NAME <u>Cora Arnold</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur County, Iowa. 2</u>		
17. INFORMANT <u>John F Seitz</u> (ADDRESS) <u>St. Joseph, Mo. Route 7</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, MO.</u> Ashland Cemetery DATE <u>August 1, 1932</u>		
19. UNDERTAKER <u>H. O. Hidenfaden</u> (ADDRESS) <u>1802 Union Street</u>		
20. FILED <u>Aug 1 1932</u> <u>J. J. Banohel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1932  
Viewed on \_\_\_\_\_

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Suicide By Hanging at Gate Courthouse

Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis History Was there an autopsy? 770

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 7/30, 1932  
Where did injury occur? Near St. Joseph, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Home  
Manner of injury Hanging  
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. W. Tadlock Coroner, M. D.  
(Address) 621 Francis

