

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

Do not use this space.

28860

1. PLACE OF DEATH

30 County Dallas Registration District No. 246
Township Miller Primary Registration District No. 5340
City Linn (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2
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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-5-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Excelsior Springs Mo

13. NAME Earl W. Seely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miracle Mo

15. MAIDEN NAME Emma Seemann

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

17. INFORMANT (ADDRESS) Earl Seely Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Chapel Date Sept-30-32

19. UNDERTAKER (ADDRESS) B. J. ...

20. FILED 9-30- 1932 John S. Norton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-30-1932

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, 3:30 m.

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

Asphyxiated
Diphtheria
Date of onset _____

Other contributory causes of importance: 10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) _____, M. D.

(Address) Oran Biffle

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.

OCT 25 1932

