

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

Do not use this space.

35188

1. PLACE OF DEATH

26 County Cole Registration District No. 215
Township Liberty Primary Registration District No. 5295
City _____ (No. _____, St. _____ Ward _____)

File No. _____
Registered No. 10

2. FULL NAME Jacob C. Seitter

(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1859

7. AGE YEARS 73 MONTHS _____ DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME John Seitter

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

15. MAIDEN NAME Not Known 31

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

17. INFORMANT (ADDRESS) Maril Seitter
Orange City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Church
Scruberts, Mo DATE Nov-3- 19 32

19. UNDERTAKER (ADDRESS) Wm. G. Gordon
Jefferson City, Mo

20. FILED Nov 2 1932 Jacob Rattner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 32 to Nov 1 19 32
That saw him alive on Nov 1 19 32 Death is said to have occurred on the date stated above, at 1 P.M.

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

Myocarditis
936
137
Other contributory causes of importance: Unrecognized Prostate
Date of onset 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? Aliment as 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.A. Clark, M. D.
(Address) Jefferson City, Mo

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. NOV 23 1932

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100
100
100