WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37499

File No. 10171

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. 2618 N. Taylor Ave St. ..... Ward)

2. FULL NAME Elizabeth Seymour.

(a) Residence. No. 2618 N Taylor Av St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	4	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton
(STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER Edward Jones

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

12. MAIDEN NAME OF MOTHER Mary Reese

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

14. INFORMANT Mrs. Mary Ray
(Address) 2618 N Taylor Av

15. FILED NOV 17 1932 19 Max C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1932, to November 16/32 that I last saw her alive on Nov. 15, 1932, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleural Pneumonia
Lobar
108

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 108

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm L. Perry, M.D.

11.16. 1932 (Address) 4452 Kennerly Av

*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	DATE OF BURIAL
Bethany Cemetery	11-19 1932

20. UNDERTAKER	ADDRESS
Geo. E. Mahler 4725 St Louis Av	