

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

Do not use this space.

1543

1. PLACE OF DEATH

County Jackson Registration District No. 303
 Township Haw Primary Registration District No. 1002
 City Tangas City (No. St. Jays # 2) St. _____ Ward _____

File No. _____
 Registered No. 273

2. FULL NAME

Sadie Helen Seville
 (a) Residence, No. 2426 Euclid St. 11 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. mos. 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>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-27-1916</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>11</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K. C. Mo</u>		
MOTHER	13. NAME <u>Wm Jefferson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Esmeralda Waters</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>		
17. INFORMANT <u>Reverend Leik</u> (ADDRESS) <u>St. Jays # 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>1-18-33</u>		
19. UNDERTAKER <u>W. M. Moore</u> (ADDRESS) <u>1820 1/2 St. Jay</u>		
20. FILED <u>Jan 17 1933 M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1933 to 1-10-1933
 I last saw her alive on 1-10-1933 Death is said to have occurred on the date stated above, at 14:30 p.m.
 The principal cause of death and related causes of importance were as follows:
 Lobes pneumonia
 Emphysema
 Date of onset 108
 Other contributory causes of importance: 108
 Name of operation Autopsy
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. O. Thayer, M. D.
 (Address) St. Jays # 2

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.

