

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

Do not use this space.

Dr. J. L. Strippe
2289

1. PLACE OF DEATH

61 County *Macon*
Township *Chariton*
City (No.) Ward

Registration District No. *529*
Primary Registration District No. *4315*

File No.
Registered No.
St. Ward

2. FULL NAME

Howard B. Seuer

(a) Residence, No. St. Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 21 1863</i>		
7. AGE	YEARS <i>69</i>	MONTHS <i>9</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>21st</i>
	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) <i>Iud.</i>		
MOTHER	13. NAME <i>Isaac Seuer</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iud.</i>	
	15. MAIDEN NAME <i>Nancy Owens</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iud.</i>		
17. INFORMANT (ADDRESS) <i>Isaac Seuer, College mound, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>College mound</i> DATE <i>1/10/33</i>		
19. UNDERTAKER (ADDRESS) <i>Albert Brinner, Macon, Mo.</i>		
20. FILED <i>2-10 1933</i> <i>J. L. Strippe M.D.</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/8/1933*

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 *9:30 A.M.*
The principal cause of death and related causes of importance were as follows:
accidental Broken Neck from falling out of Wagon and lightning on Head while team was trotting on rough Road.
Other contributory causes of importance: *E.P.*

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 *Broken Neck by Fall.*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

(Signed) *J. L. Strippe*, M. D.
(Address) *College mound Mo.*

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.

