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.

2638

1. PLACE OF DEATH
80 County Pettis — Registration District No. 667 — File No.
3 Township La monte — Primary Registration District No. 4400 — Registered No. 2
3 City La monte (No. , St. Ward)

2. FULL NAME Ellis Welton Seter

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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 Effie S. Seter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1864

7. AGE — YEARS 68 — MONTHS 10 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leowns Ill

FATHER
13. NAME Benjamin Seter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Caroline Wimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Welton Seter Jr La monte mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seelaw Ill DATE Jan 10 1933

19. UNDERTAKER (ADDRESS) B. F. Parker La monte mo

20. FILED Jan 8 1933 B. F. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Jan, 1933
I last saw him alive on Jan 7, 1933. 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:

Cancer Prostate Gland — Date of onset

51C

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Usual — Was 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?
If so, specify
(Signed) W. E. Walker, M. D.
(Address) La monte mo