

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

Do not use this space.

4539

1. PLACE OF DEATH

County Washington
Township Union
City.....

Registration District No. 887
Primary Registration District No. 6182

File No.
Registered No. 2
St. Ward)

2. FULL NAME

Sara E. Seaggs

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 14

OCCUPATION

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

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) Washington Co. Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Marion Seaggs

14. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Tosie Heals

16. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Marion Seaggs
(ADDRESS) East. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beakwell DATE 1-2 1933

19. UNDERTAKER J. B. BOYER & SON
(ADDRESS) POTOSI, MO.

20. FILED 1-2 1933 Jos. L. Thurman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1932, to 1-1, 1933

I last saw her alive on never, 19-. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Lobar Pneumonia
Influenza

Other contributory causes of importance:

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, Mo.

WRITE PEANUTS 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.

