

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.

MAY 22 1933

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

Do not use this space.

12700

1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 64

2. FULL NAME William B Seeley

(a) Residence, No. 221 E. Seary Sanitum St. Ward D  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Mar 4 - 1862</u> |                                  |   |
| 7. AGE   | YEARS<br><u>71</u>               | MONTHS<br><u>1</u>  |
|  | DAYS<br><u>12</u>                | If LESS than 1 day, _____ hrs. or _____ min.                                |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired Banker</u>          |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>None</u>                             |
|            | 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) Iowa

13. NAME William B Seeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Mo

15. MAIDEN NAME Martha Beecher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT William S. L. Goodrich

18. BURIAL, CREMATION, OR REMOVAL Int Pleasant

19. UNDERTAKER John C. Prather

20. FILED 4/18 1933 J. D. Oraven Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 12, 1933, to April 15, 1933  
I last saw him alive on April 15, 1933 Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

132B  
1610  
Hypertensive-Circulatory  
Asthenia  
Other contributory causes of importance: Acute Uremia

Name of operation Retrol Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical Lab 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? No  
If so, specify N. J. James M. D.  
(Signed) W. J. James M. D.  
(Address) Excelsior Springs, Mo.

