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.

SEP 26 1933

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

Do not use this space.

24218

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No.
Township St. Francois — Primary Registration District No. 6018A — Registered No. 74
Near City Farmington, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Joe Sebastian

(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: Male
4. COLOR OR RACE: White
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) 3-13-09

7. AGE: Years 24 — Months 3 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emory Worker
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) Libertyville Mo.

FATHER
13. NAME N. C. Sebastian
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo.

MOTHER
15. MAIDEN NAME Victoria Heitman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christian — Libertyville, Mo DATE July 9, 1933

19. UNDERTAKER (ADDRESS) Neidert Mud Co Farmington, Mo

20. FILED July 8, 1933 B. J. Robinson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1933, to July 7, 1933
I last saw him alive on July 7, 1933. Death is said to have occurred on the date stated above, at 5:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-5-33
230	
150	
910	

Other contributory causes of importance:
Pulmonary Tuberculosis and Acute Toxic Psychosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. & 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? .....
If so, specify .....
(Signed) P. S. Tate M. D.
(Address) Hosp. #4 Farmington Mo