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

Do not use this space.

27079

1. PLACE OF DEATH

County Monroe — Registration District No. 581 — File No.

Township Indian Creek — Primary Registration District No. 5783 — Registered No. 21

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Ambrose Seward.

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

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) October 19th 1913

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
19	9	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming.

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) Ralls Co Missouri

FATHER

13. NAME Francis Benedict Seward

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

MOTHER

15. MAIDEN NAME Georgia Hays

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

17. INFORMANT Francis B. Seward (ADDRESS) Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Holy Rosary Cemetery DATE Aug 12th 1933

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED 8-11th 1933 O. W. Wilson Registrar. Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 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 12 M.

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

Automobile accident on Highway 24 - 3½ miles East of Monroe City

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 10, 1933

Where did injury occur? on Highway 24 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Public Hwy Struck by Truck

Nature of injury Crushed Chest - head crushed

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Johnson Coroner, M.D.

(Address) Madison Mo.