

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

Do not use this space.

32482

1. PLACE OF DEATH

County Welder
Township El Dorado Springs
City El Dorado Springs

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME John S. Seaight

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 4

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

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) Waver Missouri

MOTHER FATHER 13. NAME Ben S. Seaight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waver Missouri

15. MAIDEN NAME Elizabeth Worsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waver Missouri

17. INFORMANT Ben S. Seaight
(ADDRESS) El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waver Cem DATE Oct 14 1933

19. UNDERTAKER Waver Funeral Home
(ADDRESS) Waver Mo

20. FILED 10-12-1933 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23 1933, to Oct 12 1933.
I last saw him alive on Aug 17 1933. Death is said to have occurred on the date stated above, at 8 A. m.

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

Mitral insufficiency
Chloroform
Opium
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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 _____
(Signed) J. W. Dawson M. D.
(Address) El Dorado Springs

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.

NOV 10 1933

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