

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

Do not use this space.

34237

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

2. FULL NAME Helen Seydbk
 (a) Residence, No. Hospital #4 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? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>?</u>	<u>?</u>	

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

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) 1924 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

13. NAME Ambrose Nemechoi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

15. MAIDEN NAME Elizabeth Nemechoi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT John Seydbk (ADDRESS) Crystal City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo DATE Nov. 1, 1933

19. UNDERTAKER Duester and Vineyard (ADDRESS) Festus, Mo

20. FILED Nov 1, 1933 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1933 to 10-30, 1933

I last saw h. br. alive on 10-30, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Dementia Praecox complicated by generalized advanced pulmonary tuberculosis Date of onset Before 1930

Other contributory causes of importance: 23A
84

Name of operation None Date of None

What test confirmed diagnosis? clinical Was there an autopsy? None

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) John Seydbk, M. D. (Address) State Hospital #4 Farmington, Mo

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

2-35-33

REPORT OF THE
COMMISSIONER OF THE
REVENUE DEPARTMENT
FOR THE YEAR 1910

STATE OF NEW YORK

ALBANY: JAMES BRONKHORST, STATE PRINTER, 1911.

REVENUE DEPARTMENT

ALBANY

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ALBANY, N. Y., JANUARY 1, 1911.

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