

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

Do not use this space.

37386

1. PLACE OF DEATH

County Lawrence

Township Beach Orchard

Registration District No. 55

Primary Registration District No. 4023

File No. 16

Registered No. 1096

2. FULL NAME

(a) Residence, No. Hidden no St.,

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Carl Seixen

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

Jan 19 - 1900

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

33

10

27

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

Housekeeper

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)

Oregon, Co Mus

13. NAME

Wm Baker

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

Or

15. MAIDEN NAME

Mollie Sterns

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

Applesburg, Co

17. INFORMANT (ADDRESS)

Wm Baker
Lawrence, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Stansfield

DATE

11-16

19. UNDERTAKER (ADDRESS)

Drinks

20. FILED

Dec 10, 1933

M. D. Murrain

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

acute malaria

Other contributory causes of importance:

Endocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (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)

(Address)

W. Rhodes Corneet
Naite mo

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.

