

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.

JAN 25 1934

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

Do not use this space.

39041

1. PLACE OF DEATH

4 County Oregon Registration District No. 26
Township Roll Times Primary Registration District No. 5034
City Mexico Mo (No. Route 1, Malina, Mo) St. _____ Ward _____

File No. _____
Registered No. 172

2. FULL NAME Hazel Gladis Seoble

(a) Residence, No. Route 1, Malina, Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1915
7. AGE YEARS 18 MONTHS 11 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Roswell (STATE OR COUNTRY) New Mexico

13. NAME Erwin D Seoble

14. BIRTHPLACE (CITY OR TOWN) St. Genevieve County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Estes Ellis

16. BIRTHPLACE (CITY OR TOWN) Lectus, Mo (STATE OR COUNTRY) Mo.

17. INFORMANT Laura D. Seoble (ADDRESS) Route 1, Malina, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Dec. 8 1933

19. UNDERTAKER Chas Arnold Jr (ADDRESS) Mexico, Mo

20. FILED Dec 8 1933 Chas S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1933 to Dec. 7 1933.

I last saw her alive on Dec. 7 1933. Death is said to have occurred on the date stated above, at 11 P. m.

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

Flu with ulcerative tonsillitis
Putrid tonsillitis

Other contributory causes of importance: 11 B
11 SA
11 B

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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. F. Flynt M. D.
(Address) Paris, Mo.

