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.

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

Do not use this space. 39818

JAN 26 1934

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No. 778
Township Bethany — Primary Registration District No. 4197 — Registered No.
City [illegible] (No. ..., ... St. ..... Ward)

2. FULL NAME Susan Ann Seaburn

(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 14 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Seaburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 3, 1847

7. AGE: YEARS 86 — MONTHS 0 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: John M Freidley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Cynthia Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Mrs. I N King, Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakland Cemetery — DATE: Dec. 29, 1933

19. UNDERTAKER (ADDRESS): [illegible] Bethany, Mo.

20. FILED 1/10, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from On Dec 27, 1933, to ....., 19....
I last saw her alive on Dec 27, 1933. Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset 12/27/33

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Other contributory causes of importance:

Name of operation None — 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? ✓ — 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) [illegible], M. D.
(Address) Bethany Mo

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