

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

Do not use this space.

1. PLACE OF DEATH

19 County New Madrid
Township Big Prairie
City..... (No.....) St..... Ward)

Registration District No. 345
Primary Registration District No. 5800

File No. 1962-a
Registered No.....

2. FULL NAME

(a) Residence, No. Hester Marine Seabaugh Ward.....
(Usual place of abode) Matthew Rural Route

(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) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>8</u>	<u>10</u>	<u>22</u>	

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

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) Scott County, Mo

13. NAME Frank A. Seabaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolinger County, MO

15. MAIDEN NAME Lorah M. Seabaugh

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

17. INFORMANT Frank A. Seabaugh (ADDRESS) Matthews Route 11.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 30, 1934

19. UNDERTAKER T. L. H. Co. (ADDRESS) Jefferson, MO.

20. FILED Jan 25, 1934 19..... Genevieve E. Deane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

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

to have occurred on the date stated above, at 4:30 P.M.

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

Broken neck
2:15 P.M.
2:15 P.M.

Date of onset 2/11

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Dr. A. J. ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Jan 18, 1934

Where did injury occur? Matthews Road, Matthews Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on high way

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) I. L. Richards, Coroner
(Address) New Madrid

UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION

Technical Report
 No. 10
 1964

1. Introduction
 This report describes the results of a study conducted to determine the effect of various factors on the flow of water in a stream. The study was conducted over a period of six months, during which time data were collected on a regular basis. The data were then analyzed to determine the relationship between the various factors and the flow of water.

2. Objectives
 The objectives of this study were to determine the effect of various factors on the flow of water in a stream. The factors studied were: (1) the amount of rainfall, (2) the amount of snowmelt, (3) the amount of water in the ground, and (4) the amount of water in the stream.

3. Methods
 The data were collected using a variety of methods, including: (1) rain gauges, (2) snowmelt gauges, (3) groundwater gauges, and (4) stream gauges. The data were then analyzed using statistical methods to determine the relationship between the various factors and the flow of water.

4. Results
 The results of the study show that the flow of water in a stream is affected by a variety of factors. The most significant factors are: (1) the amount of rainfall, (2) the amount of snowmelt, and (3) the amount of water in the ground. The amount of water in the stream is also affected by these factors, but to a lesser extent.

5. Conclusions
 The study concludes that the flow of water in a stream is a complex phenomenon that is affected by a variety of factors. The most significant factors are: (1) the amount of rainfall, (2) the amount of snowmelt, and (3) the amount of water in the ground. The amount of water in the stream is also affected by these factors, but to a lesser extent.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County New Madrid Registration District No. 345
Township Big Prairie Primary Registration District No. 5800
City Hester (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Hester Maxine Seabough
(a) Residence, No. St. Ward
(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) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
8 10 22

OCCUPATION
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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED July 2 1934 Jennie E. Deane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. 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:

Broken neck
By falling from
School bus
Motor bus
Other contributory causes of importance:
By falling from
School bus
Motor bus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) , M. D.
(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JEAR in plain terms, so that it may be properly understood.

5-1962-~~A~~