

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 124  
Township White Water Primary Registration District No. 5183  
City Millersville, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amanda Seabaugh  
(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. (If nonresident, give city or town and State)

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 Allen Seabaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 (75) 11 14

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) Bollinger Co. Mo.

FATHER  
13. NAME John Bollinger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

MOTHER  
15. MAIDEN NAME Amanda James  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Jas. Hartley, Millersville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Trinity Cemetery DATE April 4 1934

19. UNDERTAKER (ADDRESS) McCrack, F. & Co., Jackson, Mo.

20. FILED 453 34 W. B. Subut  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd 1934

22. HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Apr 2nd 1934  
I last saw her alive on Mar 31st 1934 Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Insufficiency  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
92

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) Edward C. Cates, M. D.  
(Address) Sedgewickville, Mo.

