

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

Do not use this space.

20768

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kow Primary Registration District No. 1002  
 City Kansas City (No. 1322 St Louis Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dell SEABROOK  
 (a) Residence, No. 1322 St Louis Ave. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Approx 67 -- ---

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

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) Illinois

FATHER 13. NAME Arnold Seabrook

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

MOTHER 15. MAIDEN NAME Mary Ann Kraus

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

17. INFORMANT Thomas Snyder (half-bro.)  
 (ADDRESS) 1322 St Louis Ave K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 7/5/34

19. UNDERTAKER Mellody McGilley  
 (ADDRESS) KCM Mo

20. FILED July 5, 1934 M. M. Crosby  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1934

22. I HEREBY CERTIFY that the deceased died from \_\_\_\_\_  
 to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ live 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:

Chronic myocarditis  
Coronary sclerosis

Other contributory causes of importance:

93E  
94E no 93

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 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 any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.  
 (Address) \_\_\_\_\_

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.

AUG 21 1934

OCCUPATION

FATHER

MOTHER

Date of onset

