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

Do not use this space.

32778

OCT 17 1934

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City, Mo. (No. General Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 100

File No.
Registered No. 4114

2. FULL NAME Gustave Seelinger
(a) Residence, No. 3522 Woodland 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1864

7. AGE: Years 69 | Months 11 | Days 1 | If LESS than 1 day, hr. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
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) Ohio

FATHER
13. NAME Adam Seelinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Guy Seelinger 3321 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie City, Mo. DATE Sept. 6-34, 19

19. UNDERTAKER (ADDRESS) C. H. Blackman & Son, Inc. 2325 Indep. Blvd. K.C.Mo.

20. FILED 9/6, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4/34, 19

22. I HEREBY CERTIFY, that I attended deceased from ..., 19..., to ..., 19...
I last saw him 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:

	Date of onset
Cerebral hemorrhage of right arm.	
Cirrhosis of liver	

Other contributory causes of importance:

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 ...
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 Fell down into a
Nature of injury Cemetery

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..., M. D.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33