DEC 19 1934

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

Do not use this space.

1. PLACE OF DEATH
County OSAGE — Registration District No. 1135 — File No. 40216
Township LINN — Primary Registration District No. 5853A — Registered No. 7
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME SEIG, JOSEPH EDWARD
(a) Residence. No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 20 1934

7. AGE — YEARS: — MONTHS: 3 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) BELLE
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER SEIG WALTER.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) OSAGE COUNTY
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER FURROW FRANCIS.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MARIES COUNTY
(STATE OR COUNTRY) MO

14. INFORMANT Edward Seig
(Address) Bonnots Mill Mo

15. FILED 11-6 1934 E. L. Meads Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1934, to Nov 6, 1934 that I last saw h. i. m. alive on Nov 6, 1934, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

BILATERAL BRONCHO-PNEUMONIA
11A
109A (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) INFLUENZA
..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. O. Cooper J. E. L. Meads M.D.
, 19 (Address) Linn Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bonnots Mill Cath Cem — DATE OF BURIAL: 11-6 1934

20. UNDERTAKER: P. J. Lock — ADDRESS: Bonnots Mill Mo

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.