

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

Do not use this space.

4865

MAR 9 1935

**1. PLACE OF DEATH**

County De Kalb Registration District No. 262  
 Township Pack Primary Registration District No. 5364  
 City Union Star Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Alton Seaford  
 (a) Residence, No. Union Star Mo. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) 8 yrs  
 11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dark County Ohio

13. NAME Noah Seaford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near New Madison Ohio

15. MAIDEN NAME Mary Ann Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near New Madison Ohio

17. INFORMANT Mrs C Emma Seaford  
 (ADDRESS) Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE Feb. 3 1935

19. UNDERTAKER Lucile M. Wilson  
 (ADDRESS) King City Mo

20. FILED 2-2 1935 E M Reynolds  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb 1 1935

I last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Uremia  
Chronic Interstitial Nephritis.

Date of onset 7-26-35

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Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Chemical Was there an autopsy? No

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 E M Reynolds

(Signed) \_\_\_\_\_, M. D.  
 (Address) Union Star 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.

