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.

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

MAR 20 1935

Do not use this space.

5393

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Grand — Primary Registration District No.: 1002
City: K.C. (No. General Hosp. St. Ward)

File No.:
Registered No.: 654

2. FULL NAME: Charles Seitz
(a) Residence, No. 7 M.C.H. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): no information

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No information

7. AGE: Years: 31 years; Months: ; Days: ; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: No information
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): No information

FATHER
13. NAME: No information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER
15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Coroner's Record, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lansing, Mich. DATE: Feby 13, 1935

19. UNDERTAKER (ADDRESS): Stone & McClure, 3255 Gillham Place

20. FILED: 2/13, 1935 M. M. Brown M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/12/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 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
Lymphosarcoma of the Head
Other contributory causes of importance:
No

Name of operation: Autopsy — Date of: 2/12
What test confirmed diagnosis: Microscopic — Was there an autopsy? Yes

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, 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) Geo. Dock, M. D.
(Address) Geo.