

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

Do not use this space.

MAR 4 1935

7840

1. PLACE OF DEATH

County Johnson
Township Johnson
City Goodland, Kans. (No. 27022)

Registration District No. 874
Primary Registration District No. 6159

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Paul G. Seitz

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1935

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9-1871

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 9 25

myocarditis
patient was dead when I arrived
could only have been caused
by myocarditis. (duration) pathologic yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Johnson Co Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH do not know.

10. NAME OF FATHER Walter B. Beagles

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Saphrona Baker

WHAT TEST CONFIRMED DIAGNOSIS micro
(Signed) F. B. Allbright, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo.

_____ , 1935 (Address) F. B. Allbright

*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.

14. INFORMANT C. Seitz (Address) Goodland, Kans. B.F.L. #2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peynolds Cemetery DATE OF BURIAL Feb 7 1935

15. FILED 2-8 1935 J. D. Combs REGISTRAR

20. UNDERTAKER C. E. Huffine ADDRESS Goodland, Kans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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PARENTS

