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

MAY 31 1935

Do not use this space.

13530

1. PLACE OF DEATH

County: Macon — Registration District No. 533 — File No.

Township: — Primary Registration District No. 3027 — Registered No. 158

City: Macon (No. , St. Ward)

2. FULL NAME: Myrtle E. Seymour

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
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): June 2 - 1867

7. AGE: YEARS 67 — MONTHS 10 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: teacher
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): Litchfield Ill.

FATHER

13. NAME: Thos F. Seymour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillsborough Ill

MOTHER

15. MAIDEN NAME: Elizabeth Stickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillsborough Ill

17. INFORMANT (ADDRESS): Early Seymour Topeka Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Topeka Kan DATE: Apl 26 1935

19. UNDERTAKER (ADDRESS): Albert Skinner Macon Mo

20. FILED: 5/10 1935 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apl 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Apr 23, 1935

I last saw her alive on Apl 23, 1935. Death is said to have occurred on the date stated above, at 11 p.m.

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

Arterio Sclerotic Dementia

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

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, 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

(Signed) Lena Mauck, D.O.

(Address) Macon Mo.