

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

Do not use this space.

20210

*Jul* 23 1935

*M* 23 1935

1. PLACE OF DEATH

53 County Searles  
 Township Searles  
 2 City Sebanon (No. \_\_\_\_\_)

Registration District No. 449  
 Primary Registration District No. 4267

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Stationed Base, Mo.  
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. 8 How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Wm. Sebbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wash  
 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) Shorris Hollow Missouri

13. NAME Mr. Wm. Huntley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Phillipsburg

15. MAIDEN NAME Allie Winkley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brush Creek

17. INFORMANT (ADDRESS) Maggie Huntley Sebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) S. B. Jones Buffalo, Mo.

20. FILED 614 19 35 J. A. McCoub Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to June 1, 1935  
 I last saw her alive on June 1, 1935. Death is said to have occurred on the date stated above, at 2 P. M.  
 The principal cause of death and related causes of importance were as follows:

Septicemia  
M. S. Sebbins  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. A. Hamilton, M. D.  
 (Address) Sebanon, 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.

224

