

SEP 28 1935

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

Do not use this space.

25797

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120  
Township W. 12th Primary Registration District No. 3009  
City Cape Girardeau (No. So. East Mo. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 227  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Edith Seitz

(a) Residence, No. 720 Pacific St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. J. Seitz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25 - 1905</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>4</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>			
	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) <u>Springfield Ill.</u>				
FATHER	13. NAME <u>Mr. A. H. Goss</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Town Penn.</u>			
MOTHER	15. MAIDEN NAME <u>Miss Serena Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>Mrs. Lewis Morrow</u> (ADDRESS) <u>Cape Girardeau</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau</u> DATE <u>8-17</u> 19 <u>35</u>				
19. UNDERTAKER <u>Hagan's Funeral Home</u> (ADDRESS) <u>Cape Girardeau Mo.</u>				
20. FILED <u>8/17</u> 19 <u>35</u> <u>J. M. Thompson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:  
4. No Pregnancy & Miscarriage 8/17  
Shock - hemorrhage 8/17

Other contributory causes of importance:  
Cardiac Failure 8/17

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) J. M. Thompson M. D.  
(Address) 254 N. Duval St. Cape Girardeau 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.

