

OCT 25 1935

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

Do not use this space.

27204

1. PLACE OF DEATH

County Oregon  
Township Kashkonong, Mo.  
City Kashkonong, Mo.

Registration District No. 631  
Primary Registration District No. 4381

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

LOLA ESTERHA SEESE

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FF 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
56 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bank

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

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) Atlanta, Illinois

13. NAME William H. Seese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Mary Sampson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville Illinois

17. INFORMANT (ADDRESS) Mrs. Mary Seese  
Kashkonong, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 8-27-35 Kashkonong Cemetery

19. UNDERTAKER (ADDRESS) Roberts Mortuary  
Kashkonong, Mo

20. FILED 9-12 19 35 Pearl Milledale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25, 1935

22. HEREBY CERTIFY, That I attended deceased from April 1935, to Aug 25, 1935

I last saw h. or alive on Aug 20, 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Cancer of the breast Date of onset Several years ago.  
50

Other contributory causes of importance:

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 .....

Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) FA Bann, M. D.

(Address) Waynes Mo

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.

