

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

Do not use this space.

OCT 22 1935

29552

1. PLACE OF DEATH

County Jackson
Township Blair
City St. Mary (No. 521)

Registration District No. 399
Primary Registration District No. 1902

File No.
Registered No. 29552 St. Ward)

2. FULL NAME

(a) Residence, No. 521 Hydia 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1862

7. AGE YEARS 73 MONTHS DAYS IF LESS than 1 day, hrs. or min.

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.

10. Date deceased last worked at this occupation (month and year) Unemployed 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME John Seed

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

15. MAIDEN NAME Ellen Seed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mary Gray, 521 St. Mary

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Sept. 14, 1935

19. UNDERTAKER (ADDRESS) Payne & Grace

20. FILED Sept 13 1935 M. D. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/35, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to Sept 11 1935

I last saw her live on Sept 11 1935 Death is said to have occurred on the date stated above, at 11.0 a.m.

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

Intestinal Myxoma Date of onset 1/5/35
Chronic
131

Other contributory causes of importance: Hypertension & Uremia 8/5/35

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 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) Thos. J. Jones, M. D.
(Address) 1612 E. 12 St.

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.

