

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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**

Do not use this space.

DEC 29 1935

38712

**1. PLACE OF DEATH**

County Merced  
Township.....  
City Pomona (No. ....)

Registration District No. 556  
Primary Registration District No. 4378

File No.....  
Registered No. 47  
St. .... Ward)

**2. FULL NAME** Sarah Marsh Seely

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest C Seely deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>1</u>
	DAYS <u>22</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>Home helper</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>Pomona Mo</u>		
FATHER	13. NAME <u>John Brian</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Martha Jane Brammell</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pomona MO</u>	
	17. INFORMANT <u>Ernest Seely</u> (ADDRESS) <u>Pomona Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pomona</u> DATE <u>11/18</u> 19 <u>35</u>		
19. UNDERTAKER <u>Martha Fernald Home</u> (ADDRESS) <u>Pomona Mo</u>		
20. FILED <u>71-14</u> 19 <u>35</u> <u>Ernest Seely</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Nov 15, 1935  
I last saw her alive on Nov 13, 1935 Death is said to have occurred on the date stated above, at L. P. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer Stomach  
Date of onset 1935

Other contributory causes (time and space) Exhaustion 11/13-35

Name of operation None Date of .....

What test confirmed diagnosis Phys. Ex. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ....., 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) Ernest Seely M. D.  
(Address) Pomona MO

