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

DEC 20 1935

Do not use this space.

37095

1. PLACE OF DEATH

County: REYNOLDS — Registration District No.: 1 — File No.:

Township: WEBB — Primary Registration District No.: — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: FRED SEEMATTER

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: MARY Seematter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3 1870

7. AGE: YEARS 65 — MONTHS 8 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Switzerland

FATHER
13. NAME: Fritz Seematter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Lizzie [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Seematter DATE: Nov. [illegible] 19[illegible]

19. UNDERTAKER (ADDRESS): Yates Funeral Home Redmond Mo

20. FILED: 12/14 1935 T. C. Giles MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 2 [illegible], 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1935 to Nov 10, 1935

I last saw him alive on Nov 10 - 1935. Death is said to have occurred on the date stated above, at [illegible] m.

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

Cornicharsemia

Date of onset

Other contributory causes of importance: none

Name of operation: none Date of: ✓

What test confirmed diagnosis? Blood 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) [illegible], M. D.

(Address) Redmond 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 [illegible] PATION in very [illegible]

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.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

1. PLACE OF DEATH
County Reynolds — Registration District No. 1108 — File No.
Township Webb — Primary Registration District No. 5983 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Fred Seemeter
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1870

7. AGE — YEARS 65 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Switzland

FATHER
13. NAME Fritz Seemeter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzland

MOTHER
15. MAIDEN NAME Lori Zingnesch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzling

17. INFORMANT (ADDRESS) Chas Seemeter Piedmont Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seemeter Cem DATE 11/24 1935

19. UNDERTAKER (ADDRESS) Jaltz Under Co Inc Piedmont Mo

20. FILED 11/24/1935 T. O. Piles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/2, 1935, to 11/22, 1936
I last saw him alive on 11/22 1936 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Pernicious anemia
Other contributory causes of importance: none
Date of onset
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) G. W. Toney, M. D.
(Address) Piedmont Mo

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