

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

Do not use this space.

42200

1. PLACE OF DEATH JAN 21 1935  
 County Stoddard Registration District No. 840  
 Township Ruck Creek Primary Registration District No. 6102  
 City (No. St. Ward)

2. FULL NAME Andrew Phillip Seiler  
 (a) Residence, No. St. Ward. (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 M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1915  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
20 4 28  
 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) Indiana  
 13. NAME George J. Seiler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 15. MAIDEN NAME Ethel Finnell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT (ADDRESS) George J. Seiler  
Puxis, Mo  
 18. BURIAL CREMATION, OR REMOVAL PLACE Puxis Cem DATE Jan 1 1935  
 19. UNDERTAKER (ADDRESS) Hickman White Store  
Puxis, Mo.  
 20. FILED Dec 31 1935 Verian B Hawks  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1935, to Dec 30 1935.  
 I last saw him alive on about 1935. Death is said to have occurred on the date stated above, at 3:48 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Tubercular ulcer of throat  
 Date of onset 6-8 months ago  
 Other contributory causes of importance:  
13  
 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  1935  
 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 E. A. Arnold, M. D.  
 (Signed) E. A. Arnold, M. D.  
 (Address) Puxis, 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.

WRITE CAREFULLY WITH OMPADING INSTRUMENTS—THIS IS A PERMANENT RECORD

