

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.

FEB 20 1936

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

Do not use this space.

2578

1. PLACE OF DEATH

County Call
Township Lawton
City Lawton (No.)

Registration District No. 726
Primary Registration District No. 6968

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence John Henry Seely
(Usual place of abode) Lawton, Mo. St. Ward.

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28, 1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>16</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Several years</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph County Mo.</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>		
15. MAIDEN NAME <u>Ann Roberts</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>John Mc. Harris</u> (ADDRESS) <u>Lawton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion, Mo.</u> DATE <u>Jan 15, 1936</u>		
19. UNDERTAKER <u>P. R. P. Humphrey</u> (ADDRESS) <u>Humboldt, Mo.</u>		
20. FILED <u>Jan 15, 1936</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1936

22. I HEREBY CERTIFY, that I attended deceased from Oct 1, 1935, to Jan 14, 1936
I last saw him alive on Jan 8, 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
about June 1933
Date of onset

Other contributory causes of importance:
Chronic Nephritis
about Jan. 1935

Name of operation 2 Date of 2
What test confirmed diagnosis? Clinical Was there an autopsy? 2

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? NO
If so, specify E. P. Mortley
(Signed) E. P. Mortley, M. D.
(Address) Humboldt, Mo.

Registrar.

