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.

MAY 18 1936

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

Do not use this space.

14129

1. PLACE OF DEATH

County Buchanan, Registration District No. 35 File No.

Township Primary Registration District No. 1001 Registered No. 526

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME William Kerlin Seitz,

(a) Residence, No. 1417 North 25th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Consulting E

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer,

10. Date deceased last worked at this occupation (month and year) April 1936, 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville, Missouri,

FATHER

13. NAME Enoch B. Seitz,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

MOTHER

15. MAIDEN NAME Anna E. Kerlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

17. INFORMANT (ADDRESS) Mrs. Wm. K. Seitz 1417 No. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE April 9th, 36

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th. St. General Home

20. FILED 4-9 1936 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Apr 7, 1936

I last saw him alive on Apr 7, 1936 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Nephritis (Chronic) — Date of onset 1934

Other contributory causes of importance: Uremia — Date of onset 25-36

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? ..... 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) J. M. Allsman, M. D.

(Address) St. Joseph Mo