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.

MAY 19 1936

15462

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K. C. Mo. (No. 3425 Montgall, ave, St. ..... Ward)
File No. .....
Registered No. 2182

2. FULL NAME Minnie Seidmore
(a) Residence, No. 3425 Montgall 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 Fe
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-11-1873

7. AGE YEARS 63 MONTHS DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) New Jersey

FATHER
13. NAME David Eliet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Mirah Spunagle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Fred Seidmore 3425 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 4-27-36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave

20. FILED Apr 26 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/36, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Chronic Fibrous Myocarditis
Date of onset

Other contributory causes of importance:
No 93

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) [signature], M. D.
(Address) .....