

JUN 24 1936

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

Do not use this space.

20217

1. PLACE OF DEATH

County Nodaway Registration District No. 628  
Township \_\_\_\_\_ Primary Registration District No. 2031  
City Maryville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 67

2. FULL NAME Norbert Benedict Seiple

(a) Residence, No. \_\_\_\_\_ 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 <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26, 1931</u>		
7. AGE YEARS <b>5</b>	MONTHS	DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) Maryville, Mo.  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Henry Seiple

14. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Agatha Hengglar

16. BIRTHPLACE (CITY OR TOWN) Nodaway Co. Mo.  
(STATE OR COUNTRY)

17. INFORMANT Agatha Seiple  
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville, Mo. DATE 527 1936 19

19. UNDERTAKER Price Funeral Home  
(ADDRESS) Maryville, Mo.

20. FILED May 29 1936 Mamie E. Clardy  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1936 to May 26, 1936  
I last saw him alive on February 24, 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Epidemic Cerebro-spinal Meningitis Date of onset \_\_\_\_\_

Other contributory causes of importance 18

Name of operation Autopsy Date of \_\_\_\_\_  
What test confirmed diagnosis? General & Laboratory 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) Geo. J. Seely, M. D.  
(Address) Maryville, 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.

