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.

AUG 27 1936

27630

**1. PLACE OF DEATH**

County Polk — Registration District No. 708 — File No.

Township North McKennley — Primary Registration District No. 5787a — Registered No. 13

City ~~Polk, Mo.~~ (No. ..... St. ..... Ward)

**2. FULL NAME** Elmer George Seely

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1925.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 10 | 7 | 21 | |

OCCUPATION

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

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) Parkertown Wyoming

FATHER

13. NAME Earl W. Seely,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mirabile, Missouri.

MOTHER

15. MAIDEN NAME Emma W. Summers,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billing, Montana.

17. INFORMANT (ADDRESS) Earl W. Seely Polk, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Payne DATE July, 12, 1936

19. UNDERTAKER (ADDRESS) White & Erwin, Bolivar, Mo.

20. FILED July 13, 1936 Mae Zimmerwalt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 11, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ....., 19...., to ....., 19....

I ~~last~~ saw him ~~alive~~ on July 11, 1936 Death is said to have occurred on the ~~date stated~~ above, at 9 A. m.

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

Gunshot Wounds in Chest.

Date of onset

Other contributory causes of importance:

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? Accident Date of injury July, 1936

Where did injury occur? Near Polk, Mo. (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) Richard Emmerson Coroner

(Address) Bolivar, Mo.