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.

SEP 18 1936

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

Do not use this space.

29913

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1016

City St.Joseph, (No. 1101 So.16th.St. St. Ward)

2. FULL NAME John G.Seitter

(a) Residence, No. 1101 So.16th.St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Lydia M.Seitter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.23,1876

7. AGE: YEARS 59 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman,Packing Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seitz Packing Co.
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtemberg, Germany

FATHER

13. NAME: George Seitter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtemberg, Ger.

MOTHER

15. MAIDEN NAME: Dorothy Essick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wurtemberg, Ger.

17. INFORMANT (ADDRESS): Mrs.Lydia M.Seitter 1101 So.16th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Aug.7,1936

19. UNDERTAKER (ADDRESS): Walter Meieshoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED Aug 7 1936 H X Nestlebush Registrar By J. C. Dupuy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug.5,1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 5, 1936
I last saw him alive on Aug 4, 1936. Death is said to have occurred on the date stated above, at 10.40 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr.	Dont Know
59	
Other contributory causes of importance:	
Arterio sclerosis General. Diabetes Mellitus	Dont Know

Name of operation None Date of —
What test confirmed diagnosis? Ex & Lab. 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) E. M. Shores, M. D.
(Address) Kirkpatrick Bldg. St.Joseph,Mo.

OCT 2 1 1943

DEC 8 1941

JAN - 2 1942