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.

OCT 23 1936

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

Do not use this space.

35144

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 5862
File No. .....
Registered No. 108

2. FULL NAME Harry Seeger
(a) Residence, No. R7D Kennett, Mo St., ..... Ward. Kennett, Mo
(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: M
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 Gladys Cash Seeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 - 1913

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 22 | 11 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Aug. 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey Ville Ill

FATHER
13. NAME S. E. Seeger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetchata Kansas

MOTHER
15. MAIDEN NAME Rosie Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill

17. INFORMANT (ADDRESS) S. E. Seeger Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Cemetery DATE Sept. 22 1936

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett, Mo

20. FILED Sept. 30, 1936 Ada Martin
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to Sept 21, 1936
I last saw him alive on Sept 21, 1936. Death is said to have occurred on the date stated above, at 9:40 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Purpura Hemorrhagica | |
| 28 | |

Other contributory causes of importance:
Chronic Malaria

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? — 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) Paul Baldwin, M. D.
(Address) Kennett Mo