

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.

JAN 28 1937

43756

1. PLACE OF DEATH

County Bellingham Registration District No. 67 70
 Township Whitebata Primary Registration District No. 3709
 City (No.) St. Ward

File No. _____
 Registered No. 8

2. FULL NAME

(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.

Hannah J. Seabough

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6th 1862
 7. AGE YEARS 74 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1936
 22. I HEREBY CERTIFY, That I attended deceased from Nov 29th 1936 to Dec 9th 1936
 I last saw him alive on Dec 7th 1936 Death is said to have occurred on the date stated above, at 7 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
1943

Other contributory causes of importance:
fracture of right femur

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 13. NAME Stevens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) C. W. Parks Sedgewickville, mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Hill, Mo. DATE Dec 10th 36
 19. UNDERTAKER (ADDRESS) Distinguished & Hubbs Chaffin, Mo.
 20. FILED 12-14 1936 Mrs. C. A. Sander Registrar

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 _____ 1936
 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) Edward Cutes M. D.
 (Address) Sedgewickville, mo

