

FEB 16 1937

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

Do not use this space.

439

1. PLACE OF DEATH

County Depe Giraudan Co. Registration District No. 124  
Township Hindles Primary Registration District No. 5177  
City St. Louis (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 4

2. FULL NAME

Adam J. Seabaugh  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. J. Seabaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19, 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>family</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 12, 1937</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>David Seabaugh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedgewickville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Haette</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedgewickville, Mo.</u>	
17. INFORMANT <u>Clayton Seabaugh</u> (ADDRESS) <u>Persepolis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedgewickville</u> DATE <u>Jan 22, 1937</u>		
19. UNDERTAKER <u>Charles Allen</u> (ADDRESS) <u>St. Louis, Mo.</u>		
20. FILED <u>1-21-37</u> 19 <u>37</u> <u>D. G. Luber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 21, 1937  
I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 12 P. m.  
The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia Jan 19  
Date of onset

Other contributory causes of importance  
Influenza Jan 12

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Sputum 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) Clayton Seabaugh, M. D.  
(Address) St. Louis, 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.

WHITE PRINTING, WITH NON-FADING INK—THIS IS A PERMANENT RECORD

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/68

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]