

FEB 16 1937

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

Do not use this space.

505

1. PLACE OF DEATH
County Carroll Registration District No. 138
Township Washington Primary Registration District No. 5203
City Braymer (No. _____) St. _____ Ward _____

File No. _____
Registered No. 44

2. FULL NAME Sarah Belle Seitter
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob C. Seitter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1848
7. AGE YEARS 88 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

13. NAME William Hosier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham, New York

15. MAIDEN NAME Nancy Hanks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

17. INFORMANT Joe Seitter (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL Plymouth PLACE DATE 1/15/37 19.

19. UNDERTAKER B. F. Mead (ADDRESS) Braymer, Mo.

20. FILED 1-14 1937 B. C. Cole M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937, to Jan 10, 1937
I last saw her alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia / Bronchitis
Date of onset Jan 7
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Geo. Moore, M. D.
(Address) Braymer, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1001-28-3

