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.

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

Do not use this space.

FEB 19 1937

1. PLACE OF DEATH
88 County Randolph — Registration District No. 735 — File No. 2713
6 Township — Primary Registration District No. 3034 2 — Registered No. 14
8 City Moberly Mo (No. 715, S. Clark St. St. 2 Ward)

2. FULL NAME Robert R. Seymour
(a) Residence, No. 715 S. 4th St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 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: Husband
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 16 - 1867
7. AGE: YEARS 70 — MONTHS — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 262
10. Date deceased last worked at this occupation (month and year): 11
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boon County Mo

FATHER
13. NAME: George W. Seymour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

MOTHER
15. MAIDEN NAME: Susan Rolan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Nettie A. Seymour 715 S. Clark
18. BURIAL, CREMATION, OR REMOVAL: PLACE Riggs (Union Church) DATE Jan 20 1937
19. UNDERTAKER (ADDRESS): Snow Funeral Home 715 S. 4th Moberly
20. FILED 1/19 1937 Virginia Gallo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 18, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1937 to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Heart attack
fell dead out of chair
& had not been sick
signed with Coroners permission
Date of onset

Other contributory causes of importance:
No violence

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) H. C. Griffith, M. D.
(Address) Moberly Mo.