APR 21 1937

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

Do not use this space.

File No. 12395

Registered No.

1. PLACE OF DEATH

County: Lafayette — Registration District No. 460

Township: ~~Davis~~ — Primary Registration District No. 4274

City: Higginsville, (No. ..... St. ..... Ward)

2. FULL NAME George ~~Soard~~ Seward

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: ~~White~~ Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Amanda Seward~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1st 1841

7. AGE: Years 95 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Amanda Seward
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic Cemetery 3/30/37 19

19. UNDERTAKER: A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED April 5, 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1937, to Mar 28, 1937

I last saw h. ~~live~~ alive on Mar 27, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction acute	2 days

GBC

Other contributory causes of importance:

Arteriosclerosis	many years
Chronic Myocarditis	about 10 years

Name of operation: No Date of operation:

What test confirmed diagnosis? Phys. in Fortune & Hutton 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) L. E. Koppenbrink, M. D.

(Address) Higginsville 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.

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