

APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Vernon*
Township *Manchester*
City *Sheldon*

Registration District No. *878*
Primary Registration District No. *4531*

File No. *13972*
Registered No. *6*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. *7* 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 *Married*
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mr Anna Seedy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 20 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
78 *7* *11*

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

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) *Knox Co Ohio*
(STATE OR COUNTRY) *New France Tenn*

13. NAME *Samuel Seedy*

14. BIRTHPLACE (CITY OR TOWN) *Knox Co Ohio*
(STATE OR COUNTRY)

15. MAIDEN NAME *Ethel M Bostetter*

16. BIRTHPLACE (CITY OR TOWN) *Knox Co Ohio*
(STATE OR COUNTRY)

17. INFORMANT *L B McLaughlin*
(ADDRESS) *Sheldon Ohio*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Dung Grove* DATE *Apr 4 1937*

19. UNDERTAKER *G B Berryman*
(ADDRESS) *Sheldon Mo*

20. FILED *April - 1937* *Carroll T. Berry*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 31 1937*

22. I HEREBY CERTIFY, That I attended deceased from *March 17 1937* to *March 31 1937*

I last saw him alive on *March 31 1937* Death is said to have occurred on the date stated above, at *6:50 P.M.*

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

Pneumonia Date of onset *3/18/37*

Other contributory causes of importance: *Emphysema* *3/18/37*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) *Arthur G. Williams*, M. D.

(Address) *Sheldon 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.

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