

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,  
Township Center,  
City Center,

Registration District No. 80  
Primary Registration District No. 3719  
5 Mi. So. St. Joseph, R.F.D. # 5, St. Joseph, Mo.

File No. 23163  
Registered No. 5, St. Joseph, Mo.

2. FULL NAME

Aaron Coleman Seymour, U.S. Highway # 71.

(a) Residence, No. 5 Mi. So., of St. Joseph, Mo. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Seymour,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1862

7. AGE YEARS 74 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 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. Farm,  
10. Date deceased last worked at this occupation (month and year) June 1937, 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas,

FATHER 13. NAME Thomas M. Seymour,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER 15. MAIDEN NAME Catherine Clouser,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

17. INFORMANT (ADDRESS) Dean Dunlap, R.F.D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta Cem. DATE June 15th, 1937

19. UNDERTAKER (ADDRESS) Heaton - Beagle & Bowman, St. Joseph, Mo. Funeral Home

20. FILED June 14, 1937 Ms. Lucy Dorrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th, 1937

22. I HEREBY CERTIFY That I attended deceased from June 3, 1937 to June 11, 1937  
I last saw him alive on June 11, 1937. Death is said to have occurred on the date stated above, at 12:09 p.m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia June 1937  
Date of onset  
Other contributory causes of importance: Ch. Myocarditis, arterio-scler. gen., hypertens.  
Name of operation none Date of no  
What test confirmed diagnosis? clin 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 i  
Nature of injury i

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Frank J. Handegard, M.D.  
(Address) 112 S. Main St., St. Joseph, 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.

