

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

Do not use this space.

28466

1. PLACE OF DEATH AUG 1 1937
 County Saline Registration District No. 797
 Township Miami Primary Registration District No. 6040
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME ANNIE WITHERS SEAL
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **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 Charles Seal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>7</u>	<u>0</u>	

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

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) Knox County Mo.

13. NAME Isaac C. Withers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ida Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John Irvine
 (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Charles DATE July 12 1937

19. UNDERTAKER Short-McCary
 (ADDRESS) Marshall Mo.

20. FILED 7-12 1937 Mrs. Aubrey Haynie (Address) _____
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1937, to 7-10 1937
 I last saw h. alive on 7-7 1937. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Ac. Gastro Enteritis.
Chr. Myocarditis
Diabetes Mellitus
 Other contributory causes of importance: 69
 Name of operation none Date of 7-10
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ron McKamey, M. D.
 (Address) Marshall 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.

