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

Do not use this space.

AUG 25 1937

1. PLACE OF DEATH
County Schuyler
Township Independence
City ..... (No. ..... St. ..... Ward)

Registration District No. 80 [illegible]
Primary Registration District No. 6047

File No. 28 31934
Registered No. 12

2. FULL NAME Elizabeth Seamster

(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

3. SEX Fl
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. O. Seamster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1854

7. AGE 25 YEARS 83 MONTHS 5 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. Housewife
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) Eng.

FATHER
13. NAME Dont Know Haley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Nora Seamster Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crowder DATE Aug 25 1937

19. UNDERTAKER (ADDRESS) Loyd Moore Downing Mo.

20. FILED Aug 24 1937 J. R. Baird Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21 1937, to August 23 1937
I last saw her alive on August 23, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Complication of diseases

Date of onset

Other contributory causes of importance:

Mitral Regurgitation

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) T. F. DeVincy, M.D.
(Address) Downing, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.