

Do not use this space.

NOV 16 1937

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

37366

1. PLACE OF DEATH

County Carroll Registration District No. 135  
Township Carrollton Primary Registration District No. 3010  
City Carrollton (No. ....) St. .... Ward (....)

2. FULL NAME

Charles Calvin Seek  
(a) Residence, No. .... St. .... Ward. ....  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
50 4 18

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

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) Raymo, Mo

13. NAME John Thomas Seek

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

15. MAIDEN NAME Ida Ketrin

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

17. INFORMANT (ADDRESS) Mrs. Russell Warden Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Oct 17, 1937

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo

20. FILED 10-16 1937 W. H. Hedden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1937, to Oct 15 1937  
I last saw hm alive on 10-15 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Carcinoma of Intestine Date of onset

Other contributory causes of importance:

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) A. B. Deavers M. D.  
(Address) Carrollton, Mo

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OCCUPATION

FATHER

MOTHER

Exact statement of OCCUPATION is very important.

