

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.

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Co.
Township
City Cape Girardeau, Mo.

Registration District No. 125
Primary Registration District No. 3009
(No. S. E. MO HOSPITAL)

File No. 14240
Registered No. 114
St. _____ Ward _____

2. FULL NAME

PAUL JACOB Seabaugh

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

St. _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7. 0 6.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Farmington, Mo.

MOTHER 13. NAME Tony Seabaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgewickville, Mo.

15. MAIDEN NAME Ida Reagan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton, Mo.

17. INFORMANT Ida Reagan Mother (ADDRESS) Advance Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Advance, Mo. DATE 4-11-38

19. UNDERTAKER Harold Morgan (ADDRESS) Advance Mo.

20. FILED 4-9-38 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-24 - 1938, to 4-9 - 1938. I last saw h. i. w. alive on 4-9 - 1938. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

Pertussis
Bilateral bronchial pneumonia
Lung abscess??
Other contributory causes of importance:
Date of onset 1 mo
3-14-38

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) W. K. Lamborn, M. D.
J. M. Thompson, M. D.

