

REG'D JUN 10 1938

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

Do not use this space.

19392

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River, Mo. (No.)

Registration District No. 775
Primary Registration District No. 4465

File No.
Registered No. 285
St. Ward

2. FULL NAME Mrs. Mary Anne Segmian 255

(a) Residence, No. Flat River, Mo. St. Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White-Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
53 11 26

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. Own home
10. Date deceased last worked at this occupation (month and year) 6/1/38 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois County, Mo.

13. NAME Mrs. John W. Black

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

15. MAIDEN NAME Mrs. Hannah Inghett Black

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

17. INFORMANT Mrs. Frank Segmian (Husband)

18. BURIAL, CREMATION, OR REMOVAL PLACE Do. Co. Cemetery, Flat River, Mo. DATE June 3, 1938

19. UNDERTAKER Alvin W. Wood (ADDRESS) Flat River, Mo.

20. FILED 6/19 1938 O. B. Barrav Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1938, to 6-1, 1938

I last saw her alive on 5/31, 1938. Death is said to have occurred on the date stated above, at 5:00 A m.

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

acute dilatation of heart (Heart failure) Date of onset 5/20/38
52
Other contributory causes of importance:
Chronic Myocarditis
" Nephritis
abdominal tumor & Phlebitis

Name of operation none
What test confirmed diagnosis? Physiologic 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 no, 19....
Where did injury occur? no (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) Paul I. Jones, M. D.
697 (Address) Flat River, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Primary Registration District No. 4465
City (No.) St. Ward)

File No. 19392-
Registered No.

2. FULL NAME

Mary A. Simeau
(a) Residence, No. 7 Flat River Mrs. - 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 26

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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1935

22. I HEREBY CERTIFY That I attended deceased from 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Acute dilatative heart. Date of onset
Ch. Myocarditis
Ch. Nephritis 52
Ch. Phlebitis

Other contributory causes of importance:
Abdominal tumor
Malignant N.M.D.

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 Paul L. Jones M. D.
(Signed) Paul L. Jones M. D.
(Address) 7 Flat River Mrs.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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