

SEP 21 1938

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

28768
Do not use this space.

1. PLACE OF DEATH

(a) County dent Registration District No. 266
(b) Township _____ Primary Registration District No. 4164
(c) City Salem (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Jefferson Seay

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cramer
9. Industry or business in which work was done, as saw mill, bank, etc. Civil Engineer
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) Steelyville, Mo.
Crawford, Co.

FATHER 13. NAME Edward A. Seay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ameret Court, Va.
Virginia

MOTHER 15. MAIDEN NAME Evelyn A. Pracia Pomyoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth, Ind.

17. INFORMANT (ADDRESS) E. A. Seay
Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Knolls Cem. DATE 8/12/38

19. FUNERAL DIRECTOR (ADDRESS) N. D. Hoban
Salem, Mo.

20. FILED August 11, 1938 A. E. Hutto, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1938

I HEREBY CERTIFY, That I attended deceased from December 15, 1937, to August 11, 1938.

I last saw him alive on August 10, 1938. Death is said to have occurred on the date stated above, at 3:00 2 m.

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

Cerebral Sclerosis
8/10

Other contributory causes of importance:
Atherosclerosis
Cerebral Sclerosis Spinal cord

Name of operation None Date of _____
What test confirmed diagnosis Chemical Pathology (where 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) A. E. Hutto, M. D.
(Address) Salem, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, H. D. Johnson, Licensed Embalmer No. 928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed H. D. Johnson

Licensed Embalmer No. 928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)