

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

Do not use this space.

REC'D OCT 19 1938

1. PLACE OF DEATH

24 County Clay Registration District No. 198
Township Excelsior Springs Primary Registration District No. 3.11
City Excelsior Springs (No.) St. Ward)

File No. 31983

Registered No. 131

2. FULL NAME Etta Marie Seward (130)

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Seward

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 28

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

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) Richmond mo

13. NAME William Johnson

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

15. MAIDEN NAME Ida Nelson

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

17. INFORMANT Raymond Seward (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton Cemetery DATE Sept 10 1938

19. UNDERTAKER Glaude Richard (ADDRESS) Excelsior Springs

20. FILED Sept 10, 1938 Wm. S. Dink Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Sept 8 1938, to Sept 8 1938

I last saw her alive on Sept 8 1938 Death is said to have occurred on the date stated above, at 5:30 A. m.

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

Some heart disease
acute dilatation

N M O

Other contributory causes of importance:

none known

Name of operation none Date of

What test confirmed diagnosis? clinical 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

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) U. D. Weaver, M. D.

(Address) Excelsior Springs, mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
10/5/38
ate Filed