

20 OCT 24 1937

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

32693

PLACE OF DEATH:

McDonald

Missouri

County

State

Registered No. 38

Township

Painted Mill River, S or Village

Mo. R.R.

City

Southwest City, Mo.

St. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

FULL NAME ~~Mrs. Conrad Seeger~~ Josephine Seeger.

Residence: No. 1011 R.F.D. No. 1, No. 1, St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) 10-9 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to Oct. 9, 1938

If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Seeger,

I last saw her alive on Oct. 9, 1938; death is said to have occurred on the date stated above, at 10A m.

DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day.
Oct 7 11 hrs. or mins.

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

Carcinoma of Liver

Date of onset

Carcinomatosis

Other contributory causes of importance:

Secondary Anemia
Cachexia

46

BIRTHPLACE (city or town and State or country): Little River Kan.

Name of operation Laparotomy Date of 7-yr-ago

13. NAME: John Koch,

What test confirmed diagnosis? Biopsy Was there an autopsy?

14. BIRTHPLACE (city or town and State or country): Germany,

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME: Margaret Aultman,

Accident, suicide, or homicide? Date of injury, 193

16. BIRTHPLACE (city or town and State or country): Germany,

Where did injury occur? (Specify city or town, county, and State)

INFORMANT (name and address): John Seeger,

Specify whether injury occurred in industry, in home, or in public place:

BURIAL, CREMATION, OR REMOVAL: Place: ROBERTSON OELA, Date: Oct 9, 1938

Manner of injury

Nature of injury

UNDERTAKER (name and address): T. H. HAYWOOD, Gravett, Ark.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

FILED Oct 9, 1937 C. C. Seeger, Registrar.

(Signed) R. E. Varmark, M.D.

(Address) Southwest City, Mo.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineering engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week
<i>Run over by street car</i>	1 week
<i>Peritonitis</i>	3 days
Other contributory causes of importance:	
<i>Gastroenteritis</i>	1 year

RECEIVED

District Health Officer No. 8, ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

District File Number 6-38-365

Date Filed 10/13/38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

82693
Do not use this space.

1. PLACE OF DEATH

(a) County Mc Donald Registration District No. 963
(b) Township Platte Elk River Primary Registration District No. 3692 Registered No.
(c) City (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

(a) Residence, No. Josephine Seeger 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 7 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) 2-28-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 9 1935 J. C. Alexander Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h. alive on, 19... to have occurred on the date stated above, atm. The principal cause of death and related causes of importance were as follows:

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) R. E. Wornalk M. D.
(Address) South West City

SUPPLEMENTARY

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

S-32693