

REC'D APR 24 1939

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

Do not use this space.

309  
1. PLACE OF DEATH  
County Sentry Registration District No. 309  
Township \_\_\_\_\_ Primary Registration District No. 4185  
City Albany (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Reuben Franklin Seary  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22-1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 5 21  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Sentry Co Missouri  
13. NAME Edward Seary  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporium Tenn  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT Mrs Reuben Seary md  
(ADDRESS) Albany Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wayman DATE April 13 1939  
19. UNDERTAKER Brooks Funeral Home  
(ADDRESS) Albany Mo  
20. FILED Apr 16 1939 W. H. Martin  
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to April 12, 1939  
I last saw him alive on April 12, 1939 Death is said to have occurred on the date stated above, at 1:15 p m  
The principal cause of death and related causes of importance were as follows:  
acute dilation of heart  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 4 1/2  
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? no  
If so, specify \_\_\_\_\_  
(Signed) W. H. Martin, M. D.  
(Address) Albany Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

