

REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH  
 County Clay Registration District No. 198 File No. 18378  
 Township \_\_\_\_\_ Primary Registration District No. 3011 Registered No. 77  
 City Excelsior Springs (No. 400) Veterans Administration Facility St. F Ward)

2. FULL NAME Earl W. Seely  
 (a) Residence, No. Polk, Mo. St. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Mrs. Emma W. Seely  
 (or wife of)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1895.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 3 28

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) Mirable, Mo. (STATE OR COUNTRY)

13. NAME W.W. Seely

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

15. MAIDEN NAME Minnie Kearney

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

17. INFORMANT Deborah Hospital records (ADDRESS)

18. BURIAL INFORMATION, OR REMOVAL  
 PLACE Polk, Mo. DATE May 30, 1939

19. UNDERTAKER White and Erwin Funeral Home (ADDRESS) Bolivar, Mo.

20. FILED May 31 1939 Mrs. R. M. Cracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to May 30, 1939.  
 I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 10.45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Perforating Gastric Ulcer

Date of onset ?

Other contributory causes of importance:

Name of operation Repair of perforating ulcer Date of May 27,  
 What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Henry R. Pear M. D.

(Address) Veterans Administration Facility

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.

MAY 5 1954

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/1/59