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.

2880 SEP 12 1939

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

Do not use this space.

File No. 28625
Registered No. 853

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Primary Registration District No. 1001
Township:
City: St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Mary Madeline Sebille

(a) Residence, No. 1024 S. 12th St., Ward, (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
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): Aug. 19, 1939

7. AGE: YEARS: Stillborn; MONTHS; DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): St. Joseph, Missouri

FATHER
13. NAME: Donald William Sebille
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo. Missouri

MOTHER
15. MAIDEN NAME: Mary Madeline Buchet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo. Missouri

17. INFORMANT (ADDRESS): Donald Wm. Sebille 1024 S. 12th Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Cliyet Cemt.
PLACE: St. Joseph, Mo. DATE: Aug. 22, 1939

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED: Aug 22 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:04 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

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? 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) [illegible] M. D.
(Address) Kirkpatrick Bldg St. Joseph, Mo

Cleon E Hodges

Embalmers number 2729

St. Joseph, Missouri.