WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Corrected by affidavit L. Wood

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

Do not use this space.

35448

1. PLACE OF DEATH

County BATES 1 Registration District No. 52 File No.

Township WESTBOONE. Primary Registration District No. 5080 Registered No. 8

City (No. , St. Ward)

2. FULL NAME ELMER ELSWORTH SEELEY.

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

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 (OR) WIFE OF NANNIE SEELEY.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1861.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	8	14.	

OCCUPATION

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. Genl Farming.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota. 1

FATHER

13. NAME Ira Seeley 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn. 9

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Mrs. Fern Riley, Merwin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burdett, Mo. DATE 11/2/39. 19

19. UNDERTAKER (ADDRESS) J. B. HAYS Drexel, Mo.

20. FILED 11/1 19 39 Mrs. Will Tucker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to Oct 31, 1939.

I last saw him alive on July 7, 1939. Death is said to have occurred on the date stated above, at 3:30 pm

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

	Date of onset
Chronic Myocarditis	1938
First symptoms	~~1936~~

Other contributory causes of importance: 93C

Name of operation Date of

What test confirmed diagnosis? 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) Basil Hotwell, M. D.

5 (Address) Drexel, Missouri.

see affidavit # 212 in misc file 1439

RECEIVED
District Health Officer No. 7,
Litigation File Number 11-39-1571
Date Filed 11-8-39