

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

Do not use this space 3312

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. Enroute to Hosp)

File No. R 938
Registered No. R 938
St. Ward.....

2. FULL NAME

(a) Residence. No. 6350 Hobart Ave 2-3 Ward. Waller on St. Louis Co
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Opal Seaborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Fisher Body Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belgrade
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Ellis Seaborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belgrade
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lidia Hardin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Ellis Seaborn
(Address) Leadwood Mo

15. FILED Jan 25 1928 Mar C Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 6:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries
210M (Fractured Skull)
Struck by Auto in City
of St. Louis Mo (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Accident (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 8/15/08
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.
1/25 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leadwood Mo DATE OF BURIAL Jan 26 1928

20. UNDERTAKER J B Boyer ADDRESS Leadwood Mo

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.

