

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

Do not use this space 3312

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis Mo

(No. Enroute to Hosp)

File No. F 938

Registered No. F 938

St. Ward

2. FULL NAME

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

(If nonresident give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Opal Seaborn

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

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

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

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

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

10. NAME OF FATHER Ellis Seaborn

WAS THERE AN AUTOPSY? yes

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

WHAT TEST CONFIRMED DIAGNOSIS.....

12. MAIDEN NAME OF MOTHER Lydia Hardin

(Signed) J. W. Kemmer M.D.

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

1/25, 1928 (Address) Deputy Coroner

14. INFORMANT Ellis Seaborn
(Address) Leadwood Mo

*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.

15. FILED Jan 25 1928 Max C Starnes Registrar

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

20. UNDERTAKER J B Boyer ADDRESS Leadwood Mo

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.

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

