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

Do not use this space.

JAN 1 5 1928

Registration District No. 411 5367 File No. 37277

Primary Registration District No. 2007 Registrar's No. 5-80

1. PLACE OF DEATH County Jasper Township City Joplin (Name of hospital or institution) 20 Th St. Ward)

2. FULL NAME William Patterson Seals

(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: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Amanda Seals

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 22 — 1852

7. AGE: Years 75 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Belmont (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER N. Seals

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Matilda Moore

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

14. INFORMANT Ida Seals (Address) Miami Okla.

15. FILED 12/7, 1927 W. A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927 to Dec 3, 1927 that I last saw he was alive on Dec 3, 1927 and that death occurred, on the date stated above, at 6-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular insufficiency
92 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NO

(duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. L. Tryet, M. D. (Address) Joplin Mo. 12-7, 1927

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Park Cem | DATE OF BURIAL: 12-9 1927

20. UNDERTAKER: Newlbert & Lindley | ADDRESS: Joplin 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.

THIS IS A PERMANENT RECORD