19780-1

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

Do not use this space.

19780-1

4 1928

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.

1. PLACE OF DEATH
County: Adair — Registration District No.: 804 — File No.:
Township: Polk — Primary Registration District No.: 5803 — Registered No.:
City: (No. St. Ward)

2. FULL NAME: Uriah M. Sebree
(a) Residence. No. Greentop St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: Maggie Sebree

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 26 1857

7. AGE: Years 71 — Months 2 — Days 25 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair County Mo

PARENTS
10. NAME OF FATHER: John Sebree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Key
12. MAIDEN NAME OF MOTHER: Sarah Stein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pynn.

14. INFORMANT: M. A. Sebree
(Address): Greentop Mo

15. FILED 6-22, 1928 N. P. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to June 20 1928, that I last saw him alive on on June 20 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
Carcinoma
44 B
5 3 E
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N. P. Johnson, M. D
4-22, 1928 (Address) Greentop Mo.

*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: New Harmony — DATE OF BURIAL: Jun 22 1928

20. UNDERTAKER: L. O. Young — ADDRESS: Greentop Mo