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.

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

Do not use this space. 40833

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 5209

Township: Kaw — Primary Registration District No. 1002 — Registered No.

City: Kansas City (No. 4535 Bell St. Ward)

2. FULL NAME Thomas B. Seavey

(a) Residence. No. 4535 Bell St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude, Seavey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(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) Maine

PARENTS

10. NAME OF FATHER Tomas B. Seavey

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Gertrude Seavey (Address) 4535 Bell St., K C Mo.

15. FILED 12/17, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY: That I attended deceased from Dec 10, 1928, to Dec 16, 1928 that I last saw him alive on Dec 16, 1928, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

(duration) mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature] M. D.

Dec 17, 1928 (Address) 1019 [illegible] K.C. 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	DATE OF BURIAL
Forest Hill	Dec. 18 1928

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	K City, Mo