CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929

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

Do not use this space.

30142

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1092

City St. Joseph, (No. Mo Methodist Hosp St. Ward)

2. FULL NAME Alice Seip,

(a) Residence. No. 2703 Jackson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton L. Seip Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	1	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Heron, (STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Richard Surry,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Martin L. Seip Sr. (Address) 2703 Jackson Street.

15. FILED SEP 18 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929, to Sept. 16, 1929 that I last saw her alive on Sept. 16, 1929, and that death occurred, on the date stated above, at 1:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock — Post operative

1330

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pyonephrosis — & operation for (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-15-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Paul Dorgrave, M. D.

Sept 17, 1929 (Address) St Joseph, 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
Mount Mora Cemetery	Sept. 19 1929
20. UNDERTAKER	ADDRESS
Heaton-McGale & Bowman	319 S. 10 St.

Funeral Home