

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

Do not use this space.

40211

1. PLACE OF DEATH

County New Madrid
Township St. Louis
City (No. _____) _____

Registration District No. 604
Primary Registration District No. 5798

File No. 122
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Sherman Seals

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Seals

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>8</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work James
(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)

Ky

PARENTS

10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Jessie Newhouse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Chas Seals
(Address) James mo

15. FILED 2/27/37 W. B. Cannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1930

17. Dec 11 1930 to Dec 22 1930
HEREBY CERTIFY, That I attended deceased from _____
that I last saw him alive on Dec 20 1930 and that death occurred, on the date stated above, at 6 o'clock P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
106B (duration) _____ yrs. _____ mos. 21 ds.
CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 100A
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
WAS THERE AN AUTOPSY? no

(Signed) Clara M. Row, M. D.

, 19 _____ (Address) Maunten 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 Hope Ceme DATE OF BURIAL 12/24 1930

20. UNDERTAKER Burleigh & Hubbard ADDRESS James mo

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

