

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

Do not use this space.

27773

File No.

38

Registered No.

**1. PLACE OF DEATH**

County Clark  
Township Lincoln  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (Ward \_\_\_\_\_)

Registration District No. 190  
Primary Registration District No. 5564

**2. FULL NAME**

Barbara Seyb

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Seyb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 1837</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
	13. NAME <u>Joseph Reese</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berwyn</u>	
	15. MAIDEN NAME <u>Maudlin Shantz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	17. INFORMANT (ADDRESS) <u>Geo. Seyb, Ashton Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Cem.</u> DATE <u>Aug 5, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Kalle, Kahoka Mo.</u>		
20. FILED <u>Aug 5, 1931 J.R. Bridges</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931 to July 30, 1931. I last saw her alive on July 30, 1931. Death is said to have occurred on the date stated above, at 10:30 A.M.. The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Arterial Sclerosis

Date of onset 7/29/31

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. B. Bridges, M. D.  
(Address) Kahoka 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.

SEP 22 1931

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