

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

Do not use this space.

Boyway
21105
File No. _____
Registered No. *58* Ward _____

1. PLACE OF DEATH

County *Macon* Registration District No. *533*
Township _____ Primary Registration District No. *3027*
City *Macon* (No. _____) St. _____ Ward _____

2. FULL NAME

Johanna Seig
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>W</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 15 1859</i>		
7. AGE YEARS <i>75</i>	MONTHS <i>1</i>	DAYS <i>17</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		11. Total time (years) spent in this occupation <i>9</i>
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *John Seig*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Magdalena Wolff*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Carl H. Seig*
(ADDRESS) *3135 8th St. St. Joseph Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Furrow Cem* DATE *June 4 1934*

19. UNDERTAKER *Adolf Skulman*
(ADDRESS) *Macon Mo*

20. FILED *June 19 34* *Karl Gross*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 2 1934*

22. I HEREBY CERTIFY That I attended deceased from *5-22 1934* to *6-2 1934*, 19*34*
I last saw h. *w* alive on *6-2 1934* Death is said to have occurred on the date stated above, at *3:30 P.*
The principal cause of death and related causes of importance were as follows:
*Myocardial disease
Chronic myocarditis
Arteriosclerosis*

Other contributory causes of importance:
Arteriosclerosis

Date of onset *about 5-15-34*
beginning of chronic myocarditis

Name of operation _____ Date of _____

23. If death was due to external causes (violence), fill in also the following:
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? *NO*

If so, specify *J. J. Boyway*, M. D.
(Signed) *J. J. Boyway*
(Address) *Macon 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1934

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