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 OCT 23 1935

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

Do not use this space.

29343

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3019
 City Clinton (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

William John Seifried
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 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 Emma E. Volkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Int. Doctor & Surgeon
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Penn.

13. NAME Jacob Seifried

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

15. MAIDEN NAME Kathrine Draeh

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

17. INFORMANT (ADDRESS) W. W. Seifried
Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 9-27-35

19. UNDERTAKER (ADDRESS) Swiss Funeral Home
Clinton, Mo.

20. FILED Sept 30, 1935 J. R. Hampton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1935, to 9-25-1935. I last saw him alive on 9-24-1935. Death is said to have occurred on the date stated above, at 5 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
9 + 6

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No.
 If so, specify _____

(Signed) J. S. Swales, M. D.
 (Address) Clinton 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.

RECORD

