

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.

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

Do not use this space.

DEC 20 1935

38225

1. PLACE OF DEATH

County Selina  
Township Marshall  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 174  
St. .... Ward)

2. FULL NAME

Viram Charles Seaton

(a) Residence, No. No. State School St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3, 1911</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>4</u>	DAY <u>15</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>None</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 .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>		
MOTHER	13. NAME <u>George Henry Seaton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>	
	15. MAIDEN NAME <u>Lucy Rose</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>	
17. INFORMANT (ADDRESS) <u>School Records Marshall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>No. State School</u> DATE <u>Nov. 21, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Shook &amp; McCary Marshall, Mo</u>		
20. FILED <u>Nov. 21 1935</u> <u>Kelly Hutton</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935 to Nov 20, 1935  
I last saw him alive on Nov 20, 1935 Death is said to have occurred on the date stated above, at 8:50 m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobes Date of onset  
108  
Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis Planned 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? No  
If so, specify .....  
(Signed) W. M. Maper, M. D.  
(Address) Marshall

