MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston — Registration District No. 508 — File No. 16877

Township — Primary Registration District No. 3026 — Registered No. 61

City Chillicothe (No. , St. Ward)

2. FULL NAME Jakie Seifert

(a) Residence, No. R R St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 21 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1921

7. AGE: YEARS 15 — MONTHS 5 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) apr. 13, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

FATHER

13. NAME Leonard Seifert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Urfurla Hagman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Leonard Seifert Chillicothe, Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE Rickett Cem DATE 4-15-37, 19

19. UNDERTAKER (ADDRESS) Meinershagen Chillicothe, Mo

20. FILED April 14, 1937 Donald Miller M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Did not attend deceased, 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

Accidental hanging

Date of onset

194B1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/13, 1937

Where did injury occur? R.F.D. Chillicothe, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanging

Nature of injury Broken neck.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. L. White M. D.

(Address) Coroner, Livingston Co. Chillicothe, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.