

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

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.

MAY 24 1933

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

Do not use this space.

14264

1. PLACE OF DEATH

County Ray  
Township Crooked River  
City (No. ....) (Ward)

Registration District No. 740  
Primary Registration District No. 571

File No. 6  
Registered No. ....

2. FULL NAME

John Edward See

(a) Residence, No. .... St. .... Ward. ....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Missouri

MOTHER FATHER 13. NAME Mansur See

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Amanda Jane See

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardin Cem. DATE April 10, 1933

19. UNDERTAKER (ADDRESS) John Krupiec

20. FILED April 10, 1933 N. L. Williford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-8-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at 3 P.m.

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

Chronic Myocarditis  
930  
PBC  
Date of onset

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? .....

If so, specify .....

(Signed) E. E. Lay

(Address) Richmond, Mo.

