

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.

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH

County *Sullivan*
Township *Jackson*
City (No.) *Jackson*

Registration District No. *852*
Primary Registration District No. *6124*

File No. *11661*
Registered No.
St. Ward)

2. FULL NAME

Oliver M. P. Seals

(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 *25* 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lydna Ann Seals*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 5, 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 5

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) *West Virginia*

13. NAME *Marion Seals*

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

15. MAIDEN NAME *Mary Jane Carver*

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

17. INFORMANT *Mrs. O. M. P. Seals*
(ADDRESS) *Jackson, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Calhoun Cem. Nibbs* DATE *Mar. 12, 1935*

19. UNDERTAKER *C. G. Schepere*
(ADDRESS) *Jackson, Mo.*

20. FILED *April 9*, 1935 *Olo Hagan*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *December 10, 1934, until March 10, 1935*
I last saw him alive on *March 10, 1935* Death is said to have occurred on the date stated above, at *7:40 a.m.*
The principal cause of death and related causes of importance were as follows:

Hypertrophy of heart with atherosclerosis of aorta and valvular insufficiency

Other contributory causes of importance:

fibrosis of left lung

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?, 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) *J. S. Poston* M. D.
(Address) *Jackson, Mo.*

