

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Whitewater
City Milesville (No.)

Registration District No. 124
Primary Registration District No. 5783

File No. 15898
Registered No. 22
St. Ward)

2. FULL NAME

Sarah Seabaugh Lange

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Daisy Mo

10. NAME OF FATHER Tom Seabaugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry County Mo

12. MAIDEN NAME OF MOTHER Nancy Dunn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Daisy Mo

14. INFORMANT Mrs Elmer Seabaugh
(Address) Milesville Mo

15. FILED 5-21-33 D. G. Suber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1932 to May 20, 1933
that I last saw him alive on May 18, 1933, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis (Apoplexy)
20 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. G. Suber M. D.
5-20, 1933 (Address) Jefferson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Salem
DATE OF BURIAL 5/21 1933

20. UNDERTAKER M. C. Combs
ADDRESS Franklin Co, Daisy

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.

JUN 20 1933

PARENTS

