

REG'D JUN 10 1938

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

Do not use this space.

19392

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 City Flat River, Mo. (No. _____)

Registration District No. 775
 Primary Registration District No. 4465

File No. _____
 Registered No. 285
 St. _____ Ward _____

2. FULL NAME Mrs. Mary Anne Segmin 255

(a) Residence, No. Flat River, Mo. St. _____ Ward _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) 6-1-38 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois County13. NAME Mr. John W. Black14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Mrs. Hannah Inghett Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs. Frank Segmin (husband)18. BURIAL, CREMATION, OR REMOVAL PLACE Do. Cemetery, Flat River, Mo. DATE June 3, 193819. UNDERTAKER Alvin W. Wood (ADDRESS) Flat River, Mo.20. FILED 6/19 1938 O. B. Barrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 193822. I HEREBY CERTIFY, That I attended deceased from 5/20, 1938, to 6-1, 1938I last saw him alive on 5/31, 1938. Death is said to have occurred on the date stated above, at 5:00 A. M.

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

acute dilatation of heart (Heart failure) Date of onset 5/20/38

Other contributory causes of importance: 52Chronic Myocarditis" Nephritisabdominal tumor & PhlebitisName of operation none Date of _____What test confirmed diagnosis? Physiologist's Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L, 1938Where did injury occur? L (Specify city or town, county, and State)

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

Manner of injury LNature of injury L24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul I. Jones, M. D.697 (Address) Flat River, Mo.

131

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township _____ Primary Registration District No. 4465
City _____ (No. _____) St. _____ Ward _____

File No. 19392-
Registered No. _____

2. FULL NAME

Mary A. Sigman
(a) Residence, No. 77th River Mo. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>52</u>	<u>11</u>	<u>26</u>
		DAYS
		<u>26</u>
		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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1935

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 _____ stated above, at _____ m.

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

Acute dilatative heart.
Ch. Myocarditis
Ch. Nephritis
Ch. Hepatitis
Date of onset 50

Other contributory causes of importance:

Abdominal tumor
Malignant N.M.D.

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) Paul L. Jones, M. D.

(Address) 77th River Mo.

Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990