

DEC 4 1936

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

Do not use this space.

42336

File No. 350

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County St. Francois Registration District No. 774  
Township St. Francois Primary Registration District No. 4465  
City Flat River, MO (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Lee Seel

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 4 Mos. ds. \_\_\_\_\_ (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>4</u> 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 _____

12. BIRTHPLACE (CITY OR TOWN) Flat River, MO  
(STATE OR COUNTRY)13. NAME Melvin Seel14. BIRTHPLACE (CITY OR TOWN) Bonne Terre MO  
(STATE OR COUNTRY)15. MAIDEN NAME Margaret Rouvine16. BIRTHPLACE (CITY OR TOWN) Bonne Terre MO  
(STATE OR COUNTRY)17. INFORMANT Melvin Seel  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Woodlaw Cem DATE 10-3 193619. UNDERTAKER Father (Melvin Seel)  
(ADDRESS) Flat River MO20. FILED 11-3 1936 B. O. Starn  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936, to Nov 1 1936I last saw h. l. m. alive on Nov 1 1936 Death is saidto have occurred on the date stated above, at 6 P m.

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

Premature 7 MO. Date of onset \_\_\_\_\_Other contributory causes of importance: 5Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Exam Was there an autopsy? NO23. 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? NO

If so, specify \_\_\_\_\_

(Signed) C. H. Spley, M. D.(Address) Flat River, MO

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.

