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

Do not use this space.

7068

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 2037

Township..... Primary Registration District No. ..... Registered No. .....

City..... (No. ..... St. ..... Ward)

2. FULL NAME Anton H Seward

(a) Residence. No. ..... St. ..... Ward. Farmington Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Caroline Seward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9-1868

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 6 | 13 | |

8. OCCUPATION OF DECEASED 1331 108 1010
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kinsey
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Valilin Seward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Trautmen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Mo

14. INFORMANT Ivy Seward
(Address) Perkins Mo

15. FILED FEB 21 1928 Mavis Starkoff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 / 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Feb 22, 1928, that I last saw h... alive on Feb 22, 1928, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Septic)
following Nephrectomy
for pyonephrosis
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Nephrectomy for pyonephrosis
Infection of Kidney caused by Stones (duration) ..... yrs. ..... mos. 15 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 2/12/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. O. Ballew, M. D.

, 19 (Address) 650 Century Bldg

*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 French Village | DATE OF BURIAL Feb 24 1928

20. UNDERTAKER Decester & Vineyard | ADDRESS Perkins 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.

PERMANENT RECORD