

FEB 24 1936

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

Do not use this space.

2737

File No. 268
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois Registration District No. 77A
Township St. Francois Primary Registration District No. 4465
City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME

Rolla Sebastian

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dovey Ann Sebastian Jan 16, 1931 to Jan 17, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 26

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
Blacksmith

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo

13. NAME Geo. W. Sebastian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Towne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Wm. E. Griffin (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Wagon Farming DATE 1-19-36

19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River Mo

20. FILED 2-6 1936 W. H. Kassar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Jan 17, 1936
I last saw him alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Apoplexy, cerebral
hypertension
arterio sclerosis
Date of onset _____

Other contributory causes of importance _____

Name of operation None Date of _____

What test confirmed diagnosis? Exam 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? no
If so, specify _____

(Signed) W. H. Kassar M. D.
(Address) Flat River Mo

MARGIN RESERVED FOR BIKING

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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

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