SEP 27 1928

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

Do not use this space.

3769-1 3769-1

1. PLACE OF DEATH

County Taney — Registration District No. 861 — File No.

Township Beaver — Primary Registration District No. 6127 — Registered No. 13

City XX (No. XX, XX St. XX Ward)

2. FULL NAME Martha E. Selvidge, Bradleyville, Taney County, Missouri.

(a) Residence. No. XX St., XX Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred /Many years. yrs. mos. ds. How long in U.S., if of foreign birth? X yrs. X mos. X ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Joseph D. Selvidge, Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April, 1846.

7. AGE: Years 81 — Months 9 — Days XXXX — If LESS than 1 day, X hrs. or X min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife. Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): XX

(c) Name of employer: XX

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Probably in Laclede County~~, Mo.

PARENTS

10. NAME OF FATHER: James Craft, ~~in the the understanding.~~

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not ascertained. Don't know

12. MAIDEN NAME OF MOTHER: Becky Essary.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ~~not ascertained.~~ Don't know

14. INFORMANT (Address): J. J. Selvidge, Bradleyville, Mo.

15. FILED 8-29 1928 F. V. Baldwin, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 17th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1928, to Jan. 15th, 1928, that I last saw her alive on Jan. 15th, 1928, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Right Lobar Pneumonia, following an attack of "Flu."

113 108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? XX DATE OF XXXX

WAS THERE AN AUTOPSY? XX

WHAT TEST CONFIRMED DIAGNOSIS? XX

(Signed) J. C. Ellis, M. D.

8/15, 1928 (Address) Kame, 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: Sherrod Cemetery, Brown Branch, Mo. — DATE OF BURIAL: Jan 18 1928

20. UNDERTAKER: No service of this kind. — ADDRESS

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.