

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

Do not use this space.

MAR 16 1928

4132

1. PLACE OF DEATH

County, Buchanan

Registration District No. 85

File No. 4132

Township, St. Joseph, Mo.

Primary Registration District No. 1001

Registered No. 154

City, St. Joseph, Mo. (No. Missouri, Methodist Hosp. St. Ward)

2. FULL NAME

Crass D Sells

(a) Residence, No. 1208 Fowler St., Ward, (If nonresident give city or town and State)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Alice V Sells

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

June 3 1845

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>8</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Zanesville

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Rebecca McBrat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14. INFORMANT

J. N. Sells

(Address) 537 Ridge Bldg

15. FILED

John G. Sells

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1928, to Feb 4 1928, that I last saw him alive on Feb 4 1928, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subar pneumonia
108
93 = 101 W
 (duration) yrs. 9 mos. 9 ds.
 CONTRIBUTORY Myocardial degeneration
 (SECONDARY)
 (duration) yrs. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam

(Signed) W. D. White, M. D.

(Address) 417 Kirkpatrick 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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park

DATE OF BURIAL Feb 7 1928

23. UNDERTAKER Sheman Funeral Home

ADDRESS 1208 Francis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGES should be stated EXACTLY. PHYSICIANS should state name of cemetery supplied.

FEB 6 1928

