

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

Do not use this space.

13881

1. PLACE OF DEATH

County Lafayette

Registration District No. 466

File No. _____

Township _____

Primary Registration District No. 4279

Registered No. 9

City Wellington

(No. _____)

St. _____ Ward _____

2. FULL NAME

William M. Sellmeyer
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Eliza Schuster Sellmeyer

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

June 23-1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>9</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER

William M. Sellmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Marie Bouzig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Mrs. William M. Sellmeyer
(Address) Wellington Mo

15.

Date April 6, 1928 Registrar F. M. Mason

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

April 6 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 5-6, 1928 to April 5, 1928.
That I last saw him alive on April 5, 1928 and that death occurred, on the date stated above, at 3:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
74 yr
(duration) yrs. mos. ds. 12 hrs.

CONTRIBUTORY (SECONDARY)

Hemorrhage of brain
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) R. B. Watts, M. D.

Apr 6, 1928 (Address) Wellington, 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

Wellington Mo

DATE OF BURIAL

April 9, 1928

20. UNDERTAKER

Ernest Meiert

ADDRESS

Wellington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN should state EXACTLY. Do not assume to state EXACTLY. Exact statement of OCCUPATION is very important.

