

JAN 28 1929

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

Do not use this space.

43912

1. PLACE OF DEATH

County Wayne
Township Black River
City (No.) (St.) (Ward

Registration District No. 893
Primary Registration District No. 6199

File No.
Registered No. 22
St. Ward

2. FULL NAME

Wilbur C. Selby

(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 14 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co, Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER John W. Selby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln Co Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miranda Warner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln Co Ohio
(STATE OR COUNTRY)

14. INFORMANT A. W. Selby
(Address) Grandin, Mo.

15. FILED Dec 29, 1928 Mrs. Hattie McGhee
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 1928

17. I HEREBY CERTIFY, That I attended deceased from August 1 -, 1928, to Dec 28 -, 1928 that I last saw h. alive on Dec 28, 1928 and that death occurred, on the date stated above, at 12 noon a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
191

CONTRIBUTORY (SECONDARY) 12-29-28 (duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? -

8 DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Geo F Wagner, M. D
12-29, 1928 (Address) Greenville, 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 Bucker Cem DATE OF BURIAL 12-29 1928

20. UNDERTAKER None ADDRESS

X. 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.

