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

Do not use this space.

24535

2911

399

**1. PLACE OF DEATH**

County Jackson — Registration District No. 1002 — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 6007 Oak St. St. Ward)

**2. FULL NAME** Judith Webster Selby

(a) Residence. No. 6007 Oak 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lieutenant John Newton Selby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 15, 1835

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 93 | 8 | 19 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Ohio

PARENTS

10. NAME OF FATHER Dickinson Webster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Castle (STATE OR COUNTRY) Delaware

12. MAIDEN NAME OF MOTHER Mary Daley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Delaware

14. INFORMANT Mrs. Laura A. Curtice (Address) Brookside Hotel

15. FILED 7/5, 1929 M. M. Crowe asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to July 4, 1929, that I last saw h.... alive on July 4, 19.., and that death occurred, on the date stated above, at 2:20P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial pneumonia

109 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Cardio-vascular (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Breyfogle M. D.

7-5-, 1929 (Address) 818 Medical Arts

*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~~ Elmwood Cemetery — DATE OF BURIAL 7-6 1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

[illegible]

[illegible]

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