

MAR 25 1930

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

Do not use this space.

4257

1. PLACE OF DEATH  
County Callaway Registration District No. 104  
Township Burban Primary Registration District No. 5156  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. 39

2. FULL NAME Grove Ross 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 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/7 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 II 17

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) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jim Selby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jennie Vandever

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

14. INFORMANT Nona Bullard  
(Address) Fulton Mo.

15. 3-25-30 R. N. Crews  
FILED \_\_\_\_\_ 1930 \_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24 1930

17. I HEREBY CERTIFY, That I attended deceased from viewed body 1930, to 7/7/30 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broken neck  
struck by automobile  
on Highway no 40 killing  
him instantly  
duration yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Merchandise Carbons may  
unavoidable accident yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. H. Hall M. D.  
Callaway 19\_\_\_\_ (Address) Fulton 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 DATE OF BURIAL  
Prarie Chaple Cemetery 2/26 1930

20. UNDERTAKER ADDRESS  
Herndon Taylor Fulton Mo.

WRITE PLAINLY, WITH ONE WORDING IN EACH SPACE. STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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.

HARRISON TRAVEL

EST. 1910

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