

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

Do not use this space.

19758

1. PLACE OF DEATH

County Jasper
Township Ed Jackson
City Casternville (No. Route 1)

Registration District No. 408
Primary Registration District No. 5563A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elora Sells

(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 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 18-1891</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>6</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hentevorth
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>A. B. Devers</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Albany</u> (STATE OR COUNTRY) <u>Illinois</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Sells</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Marionville</u> (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Mrs. R. V. Rose
(Address) Route 1, Casternville, Missouri

15. FILED 6-18-30 (Signature) (OX) Tetcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930
17. I HEREBY CERTIFY, That I attended deceased from May 24, 1930 to June 17, 1930 that I last saw h. s. alive on May 24, 1930, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

23A (duration) _____ yrs. _____ mos. _____ ds.
Several years

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) D. X. Cordorick, M. D.

6/18, 1930 (Address) D. X. Cordorick, 710. Carthage, 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 Van Buren Cemetery DATE OF BURIAL June 30, 1930

20. UNDERTAKER Knell Mortuary ADDRESS Carthage, Mo.

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.

