

OCT 1 1930

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

Do not use this space.

27887

1. PLACE OF DEATH

County St. Louis

Registration District No. 140

File No. _____

Township _____

Primary Registration District No. 1470

Registered No. 76

City Wannamatta City (No. 7201 Tulane)

St. _____ Ward) _____

2. FULL NAME William Selby

(a) Residence No. 3509 Clay 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

Armie M. Brady Selby

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

Nov 11 - 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

47

8

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Wall Paper Cleaner

(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)

Georgia

10. NAME OF FATHER

Wm Selby

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Armie Selby
3509 Clay Ave

15.

FILED

Aug 11 1930 Leona V. Mueller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9th 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 21, 1930, to Aug 9, 1930, that I last saw him alive on Aug 7, 1930, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmonalis

R3A

(duration) 1 yrs. 8 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

Nelson Hawley, M.D.

Aug 9, 1930 (Address) 5899 Delmar

*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

Calvary Cemetery Aug 11 1930

20. UNDERTAKER

ADDRESS

Stout & Cannon 141 Bd 92

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.

