

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

Do not use this space.

39047

**1. PLACE OF DEATH**

County Laseonade Registration District No. 303  
Township \_\_\_\_\_ Primary Registration District No. 4182  
City Herman (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles August Sell

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-19-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
53 2 6

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Herman  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Sell

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

12. MAIDEN NAME OF MOTHER Henrietta Greene

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

14. INFORMANT Reinhold Sell  
(Address) Herman Mo

15. FILED 12-27-1930 Anna K. Rickhoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1930, to Dec 25, 1930.  
that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 12-30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Double Lobar Pneumonia  
16 1/2 (duration) yrs. mos. 25 ds.

CONTRIBUTORY Chronic Bronchitis  
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General Diagnosis  
(Signed) H. J. Rickhoff, M. D.  
Herman Mo (Address)

\*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 Herman City Cemetery DATE OF BURIAL 12/27 1930

20. UNDERTAKER Herman Bleumer ADDRESS Herman 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.

JAN 19 1931

