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.

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

Do not use this space.

39410

1. PLACE OF DEATH U.S.V.Hospital
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4081
City Kansas City, Mo. (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME SELPH, Ben Tillman C-1 439 232 WOE
(a) Residence. No. Elkland, Missouri St., Ward. Mech. Btry B 342 FA
(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 Violet Selph

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
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 Hospital Records.
(Address) U. S. Veterans Hosp

15. FILED 12/11 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from December 8, 1930 to December 10, 1930 that I last saw him alive on December 10, 1930, and that death occurred, on the date stated above, at 2:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease, Mitral Stenosis
(duration) 2 yrs. or more mos. ds.
CONTRIBUTORY (SECONDARY) Bronchial Asthma
(duration) 2 yrs. or more mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.
(Signed) W. E. Chambers, M. D.
(Address) V.E.CHAMBERS, Med. Officer in Charge
U.S.V.Hospital, Kansas City, 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: Elkland, Mo.
DATE OF BURIAL: 12/11/30
20. UNDERTAKER: Freeman Mortuary, Kansas City, Mo.
ADDRESS