WRITE PLAINLY WITH UNLOADING 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.

39970

1. PLACE OF DEATH
County: Lewis
Township:
City: La Grange (No. ..... St. ..... Ward)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 2 G.

2. FULL NAME: Mrs Hallie Sellers

(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.

JAN 30 1931

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John Sellers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 21st 1863

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 67 | 10 | 3 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Summerset
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Charles Easthan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Summerset
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Nancy Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Summerset
(STATE OR COUNTRY) Ky.

14. INFORMANT John Sellers
(Address) La Grange, Mo.

15. FILED Jan 5 1931 W S Kelley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

4

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

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1930 to Dec 24, 1930 that I last saw her alive on Dec 24, 1930 and that death occurred, on the date stated above, at 11:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Hypertrophy with acute Dilatation
131
930
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) nephritis & Hypertension
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? No
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Clinical

(Signed) W S Kelley, M. D
12/25, 1930 (Address) La Grange 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: La Grange
DATE OF BURIAL: Dec 26 1930

20. UNDERTAKER: A.A.Roberts
ADDRESS: La Grange, Mo