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

Do not use this space.

2526

FEB 30 1931

1. PLACE OF DEATH
County Ralls Registration District No. 727 File No. 18
Township Saltriver Primary Registration District No. 5469 Registered No.
City (No. St. Ward)

2. FULL NAME Warren S. Selleck

(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 45 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	Flora Selleck
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	1/28/1876
7. AGE Years / Months / Days / If LESS than 1 day, hrs. or min.	54 / 11 / 26
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)	— 34
(c) Name of employer	—
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Illinois
PARENTS 10. NAME OF FATHER	Edmond J. Selleck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	Virginia
12. MAIDEN NAME OF MOTHER	Sarah Thorp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	Ohio
14. INFORMANT	Ben Selleck
(Address)	Center Mo
15. FILED 1/24 1931	Geo Roselle REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR)	1/24 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to 1-24-, 1931 that I last saw him alive on 1-24-, 1931, and that death occurred, on the date stated above, at 7-45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis
93D
93 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) W K McCall, M. D.
1-25-1931 (Address) Laddonia 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	DATE OF BURIAL
Perry, Mo.	1-28-1931
20. UNDERTAKER	ADDRESS
Geo Roselle	Perry, 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.