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

Do not use this space.

13050

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 57
City Kirksville (No. ..... St. ..... Ward)

2. FULL NAME Charles Sellens
(a) Residence. No. Grim-Smith Hospital St., ... Ward. Knox City, Mo.
(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: M.
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 Hattie Sellens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-16-1857

7. AGE: 73 YEARS, 8 MONTHS, 18 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer. 1
(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) Adams Co. Ill 2

PARENTS
10. NAME OF FATHER Robert Sellens.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sussex Co. England
12. MAIDEN NAME OF MOTHER Mary Ann Kenward
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sussex Co. England

14. INFORMANT Mrs. Hattie Sellens
(Address) Knox City Mo

15. FILED 4/6, 1931 C. H. Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1931

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 4, 1931 that I last saw him alive on April 4, 1931 and that death occurred, on the date stated above, at 7:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Prostate
51C
92B
93C
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Myocarditis and endocarditis (duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home - Knox City, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic exam. lits of tissue
(Signed) Spencer Freeman, M. D.
4-4, 1931 (Address) Kirksville, 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: Bee Ridge — DATE OF BURIAL: 4-6-1931

20. UNDERTAKER: Dee Riley — ADDRESS: Kirksville

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.

MAY 21 1931

[illegible] INFORMATION IS A PERMANENT RECORD

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1931 - 4 - 4
1857 - 7 - 16

73 - 8 - 18