

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

Do not use this space.

27582

1. PLACE OF DEATH

County Casshamon Registration District No. 85
Township Joseph Primary Registration District No. 1001
City St. Joseph (No. 2906 Eugene Field Ave)

File No.
Registered No. 896 St. Ward)

2. FULL NAME

Thaddeus B. Sell
(a) Residence, No. 2906 Eugene Field Ave.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abina Sell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tel Operator</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Great Western Ry</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 30/31</u>		
11. Total time (years) spent in this occupation <u>40 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blair Co. Penn</u>		
13. NAME <u>Joseph B. Sell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown - Penn</u>		
15. MAIDEN NAME <u>Unknown -</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown -</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Vada M. Hollis, Mr. Royal n g.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plataburg Mo.</u> DATE <u>Aug 27</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Fleming Funeral Home, 1946 Calhoun St, St. Joseph, Mo.</u>		
20. FILE <u>AUG 27 1931</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1931

22. I HEREBY CERTIFY, That I attended deceased from 19 to Aug 23 1931
I last saw him alive on Aug 23 1931 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumo pneumonia
Cerebral Hemorrhage
Date of onset Aug 18

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lark K. Gordon, M. D.
(Address)

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.

WHITE PRINT WITH OUTFADING INK—THIS IS A PERMANENT RECORD

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