

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

Do not use this space.

471

1. PLACE OF DEATH
 23 County Clark Registration District No. 190
 1 Township Payson Primary Registration District No. 4113
 6 City Kahoka (No. St. Ward)

File No.
 Registered No. 2

2. FULL NAME Samuel 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.

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 Lenora J. Sellers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revere, Mo.

MOTHER FATHER
 13. NAME A. A. Sellers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn., Pa.

MOTHER FATHER
 15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn., Pa.

17. INFORMANT James M. Sellers
 (ADDRESS) Kahoka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peabeville, Mo. DATE Jan. 8, 1932

19. UNDERTAKER Gutting, Ltd.
 (ADDRESS) 11 Kahoka, Mo.

20. FILED 32 J. B. Bidgers
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1932
 22. I HEREBY CERTIFY that I attended deceased from Jan 6 to Jan 6, 1932
 Last saw h. alive on Jan 6, 1932 Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis

Other contributory causes of importance:
930
J. B. Bidgers

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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 ①
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) J. B. Bidgers, M. D.
 (Address) Kahoka, Mo.

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.

FEB 23 1932

