

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

Do not use this space.

15696

1. PLACE OF DEATH
 27 County Cooper Registration District No. 225
 Township Waldridge Primary Registration District No. 4138
 City Waldridge (No. _____) St. _____ Ward _____

2. FULL NAME Fred C. Selck,
 (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9" 1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) New York State. 2

FATHER
 13. NAME Henry Selck.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark. 24

MOTHER
 15. MAIDEN NAME Christina Dose.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

17. INFORMANT Mrs. Fred C. Selck.
 (ADDRESS) Waldridge Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
 PLACE Walnut Grove DATE May 30" 1932

19. UNDERTAKER Goodman & Boller.
 (ADDRESS) Boonville Mo.

20. FILED May 30 1932 W. S. Hooper
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28" 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 28, 1932
 I last saw him alive on May 26, 1932 death is said to have occurred on the date stated above, at 12.30 Noon.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Disease of Heart Date of onset 1092
 Other contributory causes of importance: 92A 92B

8. 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify of lunatic
 (Signed) Prave H. Hooper, M. D.
 (Address) Prave H. Hooper

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 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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