

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

Do not use this space.

18592

**1. PLACE OF DEATH**

4 County Audrain Registration District No. 24  
 4 Township Sullivan Primary Registration District No. 3002  
 7 City Mexico Mo (No. Audrain Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 67

**2. FULL NAME**

Margaret Elsie Sellers  
 (a) Residence, No. D. H. D 6 - Mexico Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60      -      14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Macon Va.

13. NAME William Elsie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Chasity Elsie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Harvey Stevens  
 (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE June 13 1932

19. UNDERTAKER H. A. Prall & Son  
 (ADDRESS) Mexico Mo

20. REGISTERED June 12 - 1932 Ira S. Milligan  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1932

22. I HEREBY CERTIFY That I attended deceased from June 6 1932 to June 11 1932  
 I last saw h. alive on June 11 1932 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:  
172 B Date of onset \_\_\_\_\_

Interstival Obstruction  
① / 2 / 3

Other contributory causes of importance:  
Chromental Constriction  
of small bowel (ileum)  
developing gradually  
 Name of operation Laparotomy Date of July 10  
 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? \_\_\_\_\_ 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 Wilhelm Ford, M. D.  
 (Signed) \_\_\_\_\_ (Address) Mexico 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.

JUL 21 1932

WHILE PLAIN, WITH SURFACING MARKS—THIS IS A PERMANENT RECORD

