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

Do not use this space.

36066

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408.

Township: Marion — Primary Registration District No.: 3020

City: Carthage (No.: McCune-Brooks Hospital St. Ward)

File No.:

Registered No.:

2. FULL NAME Bobby Vernon Sellers

(a) Residence. No. Golden City R70 #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-20-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Golden City R. I.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Vernon Sellers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Vera McGoffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Golden City
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Lois Pettigrew
(Address) 201 N. Macon Carthage

15. FILED 11/2 19.... E A Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 2, 1932 that I last saw him alive on Nov 2, 1932 and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Trauma to lungs -
Internal Hemorrhage -
(Pulmonary) 11/2/32-4PM. 4 hrs
Run over by wagon (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) — in field at Lo Lowe
(duration) 2 yrs. 12 M mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1038 B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Floyd B Clubb M. D.
11/2 1932 (Address) Carthage 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 Bluedenville Mo. ~~Golden City~~ — DATE OF BURIAL 11/3 1932

20. UNDERTAKER Phillips — ADDRESS Golden City

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.

NOV 23 1932

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