

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

Do not use this space.

2443

1. PLACE OF DEATH

1 County Montgomery Registration District No. 593
 6 Township Wentzville Primary Registration District No. 4351
 3 City New Florence (No.) St. Ward

File No. 95
 Registered No.
 St. Ward

2. FULL NAME

Mrs. Martha Ellen Selask
 (a) Residence, No. New Florence St. Ward

Length of residence in city or town where death occurred 6 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. E. Selask
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Montgomery County
 MOTHER 13. NAME Mat Adkins
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Anslephas Bogger New Florence Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Selask cemetery DATE Jan. 5, 1933
 19. UNDERTAKER (ADDRESS) E. H. Brish New Florence Mo
 20. FILED 2/7 1933 James O. Helms M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1933
 22. I HEREBY CERTIFY, that I attended deceased from Dec. 27, 1932 to Jan 4, 1933
 I last saw him alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
acute myocarditis
Influenza
 Date of onset 9 days
2 days
 Other contributory causes of importance: Influenza 10 days

Name of operation Date of
 What test confirmed diagnosis? clinical 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?
 If so, specify
 (Signed) James O. Helms M. D.
 (Address) New Florence, 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.

