

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

Do not use this space.

139413

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township 7-1-0 Primary Registration District No. 5554
 City Blue Ridge (No. 16) St. Blue Ridge Ward Blue Ridge

2. FULL NAME Henry Sells
 (a) Residence, No. 16th Blue Ridge 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.

File No. _____
 Registered No. 107
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1864

7. AGE YEARS 68 MONTHS 5 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

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) Penn

13. NAME Eric H. Sells

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

15. MAIDEN NAME Lucinda Rider

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

17. INFORMANT Mrs. Clara Sells
 (ADDRESS) Fairmount Station

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Wash DATE 3-28-33

19. UNDERTAKER Mrs. C. E. Foster
 (ADDRESS) 918 Brooklyn Ave,

20. FILED 3-28 1933 J. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:55 A. AM.

The principal cause of death and related causes of importance were as follows:
Cronary sclerosis
Chronic Bronchitis
93C
94B
93C

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy yes

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) [Signature], M. D.
 (Address) _____

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.

APR 22 1933

MARGIN RESERVED FOR BINDING

Mr. [unclear]
L. B. [unclear]
Dept. [unclear]
[unclear]