

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 22 1933

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

Do not use this space.

12735

1. PLACE OF DEATH

County Clinton Registration District No. 206
Township Jackson Primary Registration District No. 5285
City (No.) St. Ward)

File No.
Registered No. 10

2. FULL NAME Virguil Sellars

(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) Sept 2 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Mo Ky
13. NAME Geo. W. Sellars
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Ky
15. MAIDEN NAME Martha Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Ky
17. INFORMANT Mrs. Virguil Sellars (ADDRESS) Holt - Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE May 1 1933
19. UNDERTAKER Leonard Fry (ADDRESS) Holt - Mo.
20. FILED May 1 1933 E. D. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1933
22. I HEREBY CERTIFY, That I attended deceased from about 1 hr. to 7:20 pm., 1933.
I last saw h. alive on April 28, 1933. Death is said to have occurred on the date stated above, at 7:20 pm.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset yo. ago
Other contributory causes of importance: None

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 1933.
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 None
(Signed) A. L. Gathright, M. D.
(Address) Holt Mo.

