

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

Do not use this space.

32628

1. PLACE OF DEATH

County Darwin
Township Gallatin
City Gallatin (No. _____)

Registration District No. 250
Primary Registration District No. 4150

File No. _____
Registered No. 678
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mary Ellen Selby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney at law

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) June - 1932 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo.

13. NAME Jonathan A. Selby

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

15. MAIDEN NAME Catherine Bruner

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

17. INFORMANT (ADDRESS) Mary Ellen Selby, Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Oct. 5 1933

19. UNDERTAKER (ADDRESS) H. A. Foster, Gallatin, Mo.

20. FILED 80-4- 1933 P. N. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Oct 3, 1933

I last saw him alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 12:25 A. M.

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

Cerebral Sclerosis

Date of onset _____

Other contributory causes of importance: _____

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? No.

If so, specify _____ (Signed) P. N. Gardner, M. D.

(Address) Gallatin, 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.

OCT 20 1933

