

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

Do not use this space.

23370

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 100 St

City St. Joseph,

(No. 2221)

Jones St

File No.

878

Registered No.

St. _____ Ward _____

2. FULL NAME

Ollie Mary Sellars

(a) Residence, No. 2221 Jones Street St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Lovilia, Iowa.

13. NAME John Streeter

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Daisy Sellars (ADDRESS) 2221 Jones Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE July 26, 1934
Mount Auburn Cent

19. UNDERTAKER (ADDRESS) H O Sidenfaden 1802 Union Str St Joseph MO.

20. FILED 25 1934 John R. Reeder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934 to July 24, 1934
I last saw h. or alive on July 24, 1934. Death is said

to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

Disease mellitus Date of onset 1930
Ulcers of stomach 1934
Arteriosclerosis 1934

Other contributory causes of importance:

59

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Covered with lead M. D. _____
(Signed) St. Joseph, Mo. Phys. Surber
(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.

AUG 14 1934

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