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.

NOV 13 1934

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

Do not use this space.

35952

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City, Mo. (No. 4604 Fairmont St. ..... Ward)

2. FULL NAME Mrs. Theodoshia Frances Selders
(a) Residence, No. 4604 Fairmont 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: Female
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: Warren Selders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1860
7. AGE: YEARS 74 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Indiana

FATHER
13. NAME: James Huffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): C E Selders, 2915 West 43rd St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Oct 4, 1934
19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, 3811 Broadway
20. FILED Oct 3, 1934 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 1st, 1934
22. I HEREBY CERTIFY, That I attended deceased from about 6 mos. ago, to 10 - 2, 1934
I last saw her alive on 10 - 1, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas with Metastases

Date of onset

Other contributory causes of importance:

46

Name of operation ..... Date of .....
What test confirmed diagnosis? Dr. [illegible] 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) J H Jennett, M. D.
(Address) Supt. [illegible] Hosp. [illegible]