

1 JUN 26 1935

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

Do not use this space.

17361

1. PLACE OF DEATH

County Putnam Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. Bothwell Corp.) _____ St. _____ Ward _____

File No. 1593
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Mary Ellen Kay Sellers
(a) Residence, No. Jerry Hotel St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas J Sellers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Near Cook Co. Ill.</u>		
MOTHER	13. NAME <u>A. J. Kee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
	15. MAIDEN NAME <u>" " "</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" " "</u>	
17. INFORMANT (ADDRESS) <u>R. R. Sellers Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton Mo.</u> DATE <u>May 6, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. L. C. Wright Bros Sedalia</u>		
20. FILED <u>5-6-</u> 19 <u>35</u> <u>Jean Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1935 to May 4, 1935
I last saw her alive on May 4, 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:
Coronary Artery Disease
Date of onset 25/1/35

Other contributory causes of importance:
Arteriosclerosis

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? No
If so, specify _____
(Signed) Frank B. Jones, M. D.
(Address) Sedalia, Mo.

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.

Line 2