

OCT 9 1 1935

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

Do not use this space.

33577

File No. 308 307
Registered No. 668

1. PLACE OF DEATH

County Clatsop
Township
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME

(a) Residence, No. William Edward Selvey St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Lizzie C Selvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 5

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) Wayne County (STATE OR COUNTRY) Kentucky

13. NAME John Selvey

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

15. MAIDEN NAME Lucinda Brewster

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

17. INFORMANT Mrs. J. C. Selvey (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 10/5 1935

19. UNDERTAKER M. Laughlin Bros (ADDRESS) Sedalia

20. FILED Oct 3 1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Oct 2, 1935

I last saw him/her alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Carcinoma of Rectum Date of onset

Other contributory causes of importance:

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....., 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) Dr. C. C. Swartz M. D.(Address) Sedalia, Mo.

