APR 21 1936

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

Do not use this space.

11414

1. PLACE OF DEATH
County: Lewis
Registration District No. 483
Township:
Primary Registration District No. 4292
City: Williamstown (No. ..... St. ..... Ward)

File No.
Registered No.

2. FULL NAME: Selden Robert Cecil

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1907

7. AGE: Years 29 | Months 0 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Radio Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Navy
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 4 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williamstown Mo.

FATHER
13. NAME: Rufus Granville Cecil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County Mo.

MOTHER
15. MAIDEN NAME: Mary Rice Nesbit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Williamstown Mo.

17. INFORMANT: R. R. Cecil
(ADDRESS): Williamstown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Williamstown, Mo. DATE: Mar. 8, 1936

19. UNDERTAKER: Earl H. Barkley
(ADDRESS): Canton, Mo.

20. FILED: Mar 10, 1936 Mrs D. B. Speer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Mar 6, 1936
I last saw him alive on Mar 6, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid Colon

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) W. A. C. Todd, M. D.
(Address) Williamstown 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD