

JUL 20 1936

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

Do not use this space.

22438

1. PLACE OF DEATH

County Daviess Registration District No. 250  
Township \_\_\_\_\_ Primary Registration District No. 4150  
City Gallatin (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 787

2. FULL NAME: Martha Selby

(a) Residence, No. Gallatin, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 80 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 Sereno Selby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 7 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) June 7, 1936 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

MOTHER FATHER  
13. NAME ... Brinnon

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R. H. Selby  
(ADDRESS) R.F.D. 4, North Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Life Cemetery DATE June 16, 1936

19. UNDERTAKER Hope Furn. & Undt. Co.,  
(ADDRESS) Gallatin Missouri

20. FILED 6-18-36 P. Gardner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 13, 1936  
I last saw him alive on June 13, 1936 Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:  
Paralysis, acute ascending. Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

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) [Signature] M. D.  
(Address) Gallatin, 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.

