

OCT 21 1936

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

Do not use this space.

40154

1. PLACE OF DEATH

County Vernon
Township Washington
City Nevada (No. 770)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 785
St. _____ Ward _____

2. FULL NAME

Silas Sylvester Selsby
(a) Residence, No. Sedalia St. 770 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 6 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) 7-21-1891
7. AGE YEARS 43 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool
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) April 1926 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Silas J. Selsby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Clara Dewee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs Clara Selsby (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Funeral Home PLACE Nevada (CITY OR TOWN) (STATE OR COUNTRY) 123619. UNDERTAKER Funeral Home (ADDRESS)20. FILED Oct 6 1936 W. C. McLaughlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 193622. I HEREBY CERTIFY, That I attended deceased from May 17 1936 to Oct 5 1936.

I last saw him alive on Oct 5 1936. Death is said to have occurred on the date stated above, at 4:5 pm.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Date of onset _____

Tuberculosis
Epilepsy

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? No

If so, specify C. J. McCamee M. D.
(Signed) _____

(Address) State High 3 Nevada 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.

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

Do not use this space.

1. PLACE OF DEATH

County Washington Registration District No. 875-
 Township Washington Primary Registration District No. 6162 File No. _____
 City _____ (No. _____) _____ St. _____ Ward _____
 Registered No. 285-

2. FULL NAME

Silas Sylvester Sibley
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 2 14

Tuberculosis
 Epilepsy
 Pulmonary Tuberculosis

Date of onset

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence, fire, or 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, home, or in public place.

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

19. UNDERTAKER (ADDRESS)

(Signed) C. F. McConnell M. D.
 (Address) State Hosp # 3 Nevada

20. FILED 10/6, 1936 M. Eichinger Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CERTIFIED TRUE COPY

4510A-5