

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73  
Township \_\_\_\_\_ Primary Registration District No. 3006  
City Columbia (No. Boone County Hospital) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. 30099  
Registered No. 201

2. FULL NAME

Nora Belle Selby

(a) Residence, No. Route 1, 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 Female 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 Albert Selby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 9 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Atterville, Mo.

13. NAME William Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Matilda Godbye

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

17. INFORMANT Albert Selby (ADDRESS) Rt. 1, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mills Creek DATE Aug. 25, 1937

19. UNDERTAKER Parker Furniture Co. (ADDRESS) Columbia, Mo.

20. FILED 8/25/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to Aug. 24, 1937

I last saw him alive on Aug. 1937 Death is said

to have occurred on the date stated above, at 9 a.m.

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

Pulmonary T. B. - see notes Date of onset

Other contributory causes of importance: 23

Name of operation No Date of \_\_\_\_\_

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. D. Dyess, M. D.  
(Address) Columbia 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.

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