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.

2
1

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 2959 East 28th St. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 1697
Registered No. 385

2. FULL NAME George Nicholas Sellers 462
(a) Residence, No. 2959 East 28th St. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1875

7. AGE YEARS 62 MONTHS 6 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec'y-Treas.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liberty Metals Co.
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) Pa

FATHER
13. NAME William Henry Sellers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Maggie Keins,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Mrs. Daisy Sellrs, 2959 East 28th St. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 1-27-1938

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED Jan 24 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1938, to Jan 23, 1938
I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 12:10 m. PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Jan 23-38

82a

Other contributory causes of importance:
Hypertension + Arteriosclerosis for 3 or 4 years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....
(Signed) Arthur A. Hobbs, M. D.
(Address) 3321 E 30th St Kansas City Mo

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FEB 1? 1938
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MO. STATE BOARD OF HEALTH