

REC'D MAR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

 County DeKalb.  
 Township Sherman.  
 City..... (No..... Ward)

 Registration District No. 258  
 Primary Registration District No. 5361

 File No. 6596  
 Registered No. 2

## 2. FULL NAME

Frank Selix. U-2, 0
 (a) Residence, No. 8 1/2 Mi. N. W. Maysville, Mo. Ward.....  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male. 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 Eldorado Lynch Selix.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 13, 1861.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 7 23

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

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) Sherman Township, DeKalb County, Mo.

 13. NAME James Selix.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

 15. MAIDEN NAME Julia Ann Morgan.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Missouri.

 17. INFORMANT (ADDRESS) Archie Selix, Amity, Mo. R.F.D.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Sharp Cemetery. DATE Feb. 8, 1938

 19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo.

 20. FILED Feb. 11, 1938 Mrs. C. M. Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1938 to Feb 6, 1938  
 I last saw him..... live on Feb 4, 1938. Death is said

 to have occurred on the date stated above, at 9:00AM.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 2/6/38  
9410

Other contributory causes of importance:

 Name of operation..... Date of.....  
 What test confirmed diagnosis? Chemical 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) E. M. Reynolds M. D.  
Yubon St. Mo (Address)

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

