WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D APR 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 9518

Township Kaw — Primary Registration District No. 1002 — Registered No. 983

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME John Selvidge 413

(a) Residence, No. 2537 Troost St., Ward. (If nonresident, give city or town and State)
(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.

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: Dollie Selvidge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17, 1870

7. AGE: YEARS 67 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper Adv.
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): Missouri 0

FATHER

13. NAME: James S. Selvidge 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER

15. MAIDEN NAME: Susanne J. Kirby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Record Clerk, K. C. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 3/2/38 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. Kansas City, Mo.

20. FILED Mar. 2 19 38 [illegible] Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/27/38, 19

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

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12 P m.

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

Central encephalomalacia — Date of onset

Bronchopneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 of injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]