

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

Do not use this space.

9927

REC'D APR 23 1938

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 1392
 City Kansas City (No. _____) Lakeside Hospital St. _____ Ward _____

2. FULL NAME MARY ELLEN SELBY 410
 (a) Residence, No. GALLATIN - MO. SL. _____ Ward. Gallatin, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 7 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND/OF (OR) WIFE OF J. Allen Selby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 - 1868
 7. AGE YEARS 70 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own house
 10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Erickson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mary Ellen Selby
Gallatin, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin DATE Apr - 2 - 38
 19. UNDERTAKER (ADDRESS) HOPE FURN & UND. Co.
Gallatin, Mo.
 20. FILED Nov 31 1938 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938
 I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1938 to March 31st, 1938
 I last saw her alive on March 31st, 1938 Death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____ years.
1868
 Other contributory causes of importance:
Myocardial failure at fracture hip (rt.) & Chronic Nephritis etc.
 Name of operation None Date of _____
 What test confirmed diagnosis? clin. obs. Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following: 38
 Accident, suicide, or homicide? Yes Date of injury Jan 2, 1938
 Where did injury occur? at home - Gallatin Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury acc fall.
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. C. Ensign
 (Address) 612 Chambers Bldg.

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.

St 2054 19 E. Mo.

