

REC'D SEP 27 1938

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

Do not use this space.

29693

244

File No. 244  
Registered No. 668

## 1. PLACE OF DEATH

80 County Watts Registration District No. 668  
Township..... Primary Registration District No. 2032  
47 City Sedalia (No. Wathwell, Wash) St. .... Ward) 424

## 2. FULL NAME

4 Berta Winifred Sellen  
(a) Residence, No. 324 N. Engineer St., .... Ward. (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 Sellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 11 7

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

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) Sedalia, Mo

13. NAME Wilson Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Lilbain Deering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Opal Sellen Estes  
(ADDRESS) 1367 E 4 Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 8-13-1938

19. UNDERTAKER Mc Laughlin Bros  
(ADDRESS) Sedalia Mo.

20. FILED Aug 11, 1938 Jess Black  
Registration

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to Aug 11, 1938

I last saw h. ea alive on 8/11, 1938. Death is said to have occurred on the date stated above, at 7 1/2 m.

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

De compensated heart Date of onset July 1837  
92%

Other contributory causes of importance: organic Mitral & aortic valve lesions

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Opal Sellen, M. D.

(Address) Sedalia 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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9/9/38