

MAY 10 1939

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

14227
 Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112
 (c) City _____ (d) Street No. Route 1 _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

462 MARGARET SELLERS
 (a) Residence, No. Route 1, Columbia Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|---|------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Sellers</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-16-1861</u> | | | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>8</u> | DAYS <u>8</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u> | | | |
| | 9. Industry or business in which work was done, as 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) <u>71 Seatt, Kansas</u> | | | | |
| FATHER | 13. NAME <u>William Hawkins</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Lucinda Roach</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Mrs W. D. Bahm</u> <u>Route 1, Columbia Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bunciton Mo.</u> DATE <u>4-26-1939</u> | | | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Carrers</u> <u>Columbia Mo.</u> | | | | |
| 20. FILED <u>4/26/1939</u> <u>Allie Selby</u> Local Registrar | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939, to Apr 24, 1939.
 I last saw her alive on April 1st, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Cortic insufficiency of Heart
Influenza
 Date of onset _____

Other contributory causes of importance:
Influenza

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) Lloyd Simpson, M. D.
 (Address) Columbia Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

M. J. Philisides

Licensed Embalmer No.

3893

P. O. Address

Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.