

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

Do not use this space.

DEAD JUL 11 1939

**1. PLACE OF DEATH**

County Howard  
 Township Chariton  
 City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 379 5529  
 Primary Registration District No. 4223

File No. 22257  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

456 not named (If resident, give city or town and State)  
 (a) Residence, No. \_\_\_\_\_ 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** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) \_\_\_\_\_  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 9 1939  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** \_\_\_\_\_  
**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** 0

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Glasgow Mo

**MOTHER FATHER**  
**13. NAME** Vernon Sellmeyer  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Glasgow Mo

**MOTHER**  
**15. MAIDEN NAME** Mary Elizabeth Tillery  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Slater Mo

**17. INFORMANT (ADDRESS)** Vernon Sellmeyer Glasgow Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Glasgow Mo DATE June 9 1939

**19. UNDERTAKER (ADDRESS)** Walker A. P. Slayton Glasgow Mo

**20. FILED** 6-8 1939 J. W. Barber Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 8 1939  
**22. I HEREBY CERTIFY**, That I attended deceased from 6-8 1939, to 6-8 1939  
 I last saw her alive on 6-8 1939. Death is said to have occurred on the date stated above, at 1:35 A.M.  
 The principal cause of death and related causes of importance were as follows:

Premature Date of onset \_\_\_\_\_  
159  
 Other contributory causes of importance:  
about 3 1/2 months gestation fetal about 40 minute

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chromal 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) W. B. Pritchard M. D.  
 (Address) Glasgow Mo

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.

