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 AUG 22 1939

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

Do not use this space.

25851

1. PLACE OF DEATH
County jackson — Registration District No. 400 — File No. XXX
Township prarie — Primary Registration District No. 5553B — Registered No. 147
City Blue Springs (No. Rf D, ... St. ..... Ward)

2. FULL NAME 410 Elvin Raymond Selvey
(a) Residence, No. ..... 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 M
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 Lorene
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1915
7. AGE YEARS 24 MONTHS 4 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Blue Springs Mo
FATHER
13. NAME Elmer Selvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
MOTHER
15. MAIDEN NAME Mildred Wyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo
17. INFORMANT (ADDRESS) Elmer Selvey Blue Spgs Mo
18. BURIAL, CREMATION, OR REMOVAL Blue Springs Mo
PLACE ..... DATE July 21 1939
19. UNDERTAKER (ADDRESS) R.B.Webb, Blue Springs Mo
20. FILED 7/25/1939 Sara G. Barnes 932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 15 1939 to July 19, 1939
I last saw him alive on July 19, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic infection of right hand and arm	7-10-39
Other contributory causes of importance: Pneumonia - Septic	7-16-39

Name of operation None Date of —
What test confirmed diagnosis? Physical 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 7-5, 1939
Where did injury occur? Sec's Summit Jackson Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While working in harvest field
Manner of injury Blister from use of pitch fork
Nature of injury Infection

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) W. F. Rowe, M. D.
(Address) Blue Springs, Mo.