

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

32832
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence ³ Registration District No. 470
 (b) Township Mt. Vernon ¹ Primary Registration District No. 5633 Registered No. 133
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 1 yrs. 6 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME Herman Sellers

(a) Residence, No. Ava, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 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) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ava (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ernest E. Sellers

14. BIRTHPLACE (CITY OR TOWN) Ava (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Della Luto Fulton

16. BIRTHPLACE (CITY OR TOWN) Rome (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Snatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava mo DATE Sept 23, 1939

19. FUNERAL DIRECTOR (NAME) Geo B Orr (ADDRESS) Mt. Vernon

20. FILED Sept 23 1939 PA Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1936, 19... to Sept. 23, 1939

I last saw him alive on Sept. 23, 1939 Death is said to have occurred on the date stated above, at 1:42 PM

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

Pulmonary Tuberculosis
Tuberculous enteritis
 Other contributory causes of importance: 77

Date of onset 1935

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Maurice L. Jones, M. D.
 (Address) Mt. Vernon, 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.
 I X10603
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District No. 1039-1977

Date Filed OCT 5 1939

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.