

FILED MAY 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14139
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Wolf River 2nd Primary Registration District No. 3001 Registered No. 81
 (c) City Brookton (d) Street No. _____ 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

H10 GEORGE W. SELBY
 (a) Residence, No. Danville 7 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Selby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 1 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 40 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Suber Mo. 11

FATHER 13. NAME Albert Selby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1
 MOTHER 15. MAIDEN NAME Diana Poston 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ellen Selby
 (ADDRESS) Brookton, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Union Cemetery DATE Apr. 13, 1940

19. FUNERAL DIRECTOR (NAME) Foster H. Early 3
 (ADDRESS) Brookton, Mo.

20. FILED April 12, 1940 Spencer L. Dreeman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 1939, to Apr. 10 1940
 I last saw him alive on Apr. 6 1940 Death is said to have occurred on the date stated above, at 6 A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Sudden
92W
 Other contributory causes of importance Extremely High Blood Pressure

Name of operation _____ Date of _____
 What test confirmed diagnosis? 0 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) H. M. Humphrey 1, M. D.
 (Address) Brookton, Mo.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1095

Date Filed MAY 16 1940

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 Foster P. Easley.

Licensed Embalmer No. 1146

P. O. Address Bracken, Mo.

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.