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.

FEB 23 1932

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

Do not use this space.

145

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

3 Township — Primary Registration District No. 3006 — Registered No. 17

8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Herman E Sellinger

(a) Residence, No. 1305 St., Bass Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 24 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1878

7. AGE: 53 YEARS — MONTHS: 7 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Columbia Mo 1

FATHER

13. NAME Jacob Sellinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bel Leim, Germany 10

MOTHER

15. MAIDEN NAME Rebecca Galloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo 1

17. INFORMANT (ADDRESS) D O Sellinger Wash City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE Jan. 26, 1932

19. UNDERTAKER (ADDRESS) Thos McHarg Columbia, Mo.

20. FILED 1/26/ 1932 F. C. Suggett by Allie [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1930, to Jan 24, 1932

I last saw him alive on Jan 24, 1932. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Carcinoma Thyroid — Date of onset 1929

53E

53E

Other contributory causes of importance: Generalized Carcinomatosis

Name of operation Removal Tumor Date of April 1930

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dudley S. Conley, M. D.

(Address) Columbia Mo