

OCT 2 2 1935

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

Do not use this space.

29131

1. PLACE OF DEATH

County..... **Dent**
Township..... **Osage**
City..... (No. St. Ward)

Registration District No. **266**
Primary Registration District No. **5-378-**

File No.
Registered No. **3-7**

2. FULL NAME **William M Sellers**

(a) Residence, No. St. Ward.
(Usual place of abode) (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) **Widowed**
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Headrick Sellers**

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1 1849**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 3 19

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) **--- Tenn**

FATHER 13. NAME **James Sellers**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **--- Tenn**

MOTHER 15. MAIDEN NAME **Katherine Bowers**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **--- Tenn**

17. INFORMANT **Noah Sellers**
(ADDRESS) **Hoves Mill Mo**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Maple Grove Cem** DATE **Sept 21 1935**

19. UNDERTAKER **Carl K. Spencer**
(ADDRESS) **Salem Mo**

20. FILED **9/23** 19**35** **W. E. Rudd**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 20 1935**
22. I HEREBY CERTIFY, that I attended deceased from **Sept 17 35** to **Sept 20 1935**
I last saw him alive on **Sept 19 35**. Death is said to have occurred on the date stated above, at **3:55 a.m.**

The principal cause of death and related causes of importance were as follows:
Actris Sclerosis
Coronary Arteriosclerosis
(7140.0 white)
Other contributory causes of importance:
General Senile Condition

Name of operation..... Date of.....
What test confirmed diagnosis? **Lead Pipe** 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) **Geo W. McKeety**, M. D.
(Address) **Salem 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.

