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.

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Green
Township Campbell
City Springfield Mo (No. Springfield Baptist Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No. 45393
Registered No. 1177

2. FULL NAME Jack Rollans Sell
(a) Residence, No. Stockton Mo. St., Ward. Stockton Mo
(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: Wh
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 16 1936
7. AGE: Years 1 Months 3 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Stockton Mo

FATHER
13. NAME Troy S. Sell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo

MOTHER
15. MAIDEN NAME Miss Elizabeth Koppenhaver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton Mo

17. INFORMANT (ADDRESS) Troy S Sell Stockton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Omer Mo DATE Dec 18 1937
19. UNDERTAKER (ADDRESS) W C Davis & Co Stockton Mo
20. FILED Dec 18, 1937 Chas A George Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from 12-17-37, 19..., to Dec. 18, 1937
I last saw him alive on Dec. 18, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Meningitis	12-15-37

Other contributory causes of importance: 11B

Name of operation ..... Date of .....
What test confirmed diagnosis? Sp. fluid exam 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? .....
If so, specify .....
(Signed) Cube Busch, M. D.
(Address) Springfield, Mo.