

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24685

Do not use this space.

1. PLACE OF DEATH

(a) County BooneRegistration District No. 73(b) Township ColumbiaPrimary Registration District No. 3006Registered No. 157(c) City Columbia (d) Street No. 410 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

Sara Isabell Selby(a) Residence, No. 17 W Broadway St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Richard W Selby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3, 18497. AGE YEARS 89 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.FATHER 13. NAME James Price14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colepepper Co., VA.MOTHER 15. MAIDEN NAME Sara Smoot16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs Helen Sapp18. BURIAL, CREMATION, OR REMOVAL PLACE Millers Creek DATE July 14th 193819. FUNERAL DIRECTOR (ADDRESS) R. O. WillettColumbia, Mo.20. FILED 7/13/38 Albie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th 193822. I HEREBY CERTIFY, That I attended deceased from July 12, 1938 to July 12, 1938I last saw him alive on July 12, 1938 Death is saidto have occurred on the date stated above, at 10:30 P.M.

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

Date of onset

Broncho pneumonia45 1/2

Other contributory causes of importance:

Cancer of left cheek.Name of operation none Date of

What test confirmed diagnosis? 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) Robert A. Simpson, M. D.Address Columbia, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lynard H. Sprunk, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arterially &
Cavity L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lynard H. Sprunk
Licensed Embalmer No. 4013

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.)