REC'D MAR 20 1939

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

Do not use this space.

File No. 5718

Registered No. 27

Registration District No. 4

Primary Registration District No. 3001

1. PLACE OF DEATH

County: ADAIR

Township: ~~SALT RIVER~~

City: KIRKSVILLE ~~REC'D~~ (No. 410 Stickler Hospital St. Ward)

2. FULL NAME: PATRICIA ANN SELBY

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 8, 1939

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

STILL BORN

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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): Kirksville Mo.

FATHER

13. NAME: JOHN C. SELBY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ADAIR Co., Mo.

MOTHER

15. MAIDEN NAME: ELISABETH FOX

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ADAIR Co., Mo.

17. INFORMANT: J. C. Selby
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glibbs, Mo. DATE FEB 9 1939

19. UNDERTAKER: Davis Funeral Home
(ADDRESS) Kirksville, Mo.

20. FILED Feb. 15 1939 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Stillborn

Hydrocephalus acute (not tuberculous)

Date of onset

Other contributory causes of importance:

Name of operation ..... 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) R. O. Stickler, M. D.

(Address) Kirksville 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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-275
Date Filed MAR 10 1939