

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

Do not use this space.

26174

109

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 272
 4 Township St. Francois Primary Registration District No. 446.3
 6 City Olvin (No. _____) St. _____ Ward _____

2. FULL NAME Minta Selsby
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. K. Selsby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 - 1854
 7. AGE YEARS 80 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 7-24-34 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Steven Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME May Ann Grecher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Ma Lupa Francis (ADDRESS) Olvin Mo

18. BURIAL, CREMATION, OR REMOVAL Funerary DATE 7-26 19.

19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River Mo

20. FILED 7/27/34 19 34 B. Thurman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1934 to 7-25, 1934
 I last saw her alive on 7-24, 1934 Death is said to have occurred on the date stated above, at 9 AM
 The principal cause of death and related causes of importance were as follows:

Myocarditis
arteriosclerosis
Thermoid Fever
 Date of onset _____

Other contributory causes of importance:
1911
1911
1911
 Name of operation _____ Date of _____
 What test confirmed diagnosis? 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? no
 If so, specify _____
 (Signed) B. Thurman M. D.
 (Address) Flat River Mo

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.

AUG 8 1934 Dr. Farrow

