

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.

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

Do not use this space.

REC'D APR 19 1939

1. PLACE OF DEATH
 27 County Cooper / Registration District No. 218
 Township Boonville / Primary Registration District No. 3819-
 City Boonville (No. St. Joseph Hospital) / St. _____ Ward _____
 2. FULL NAME 240 Mrs. William Segell
 (a) Residence, No. _____ St. _____ Ward. Jamestown, 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.

File No. 10595
 Registered No. 32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26-1876</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>	DAYS <u>5</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sandy Hook Mo.</u>			
	13. NAME <u>Gustave Segell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Pauline Wagner</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. Ed Willers</u> (ADDRESS) <u>Jamestown, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jamestown Lutheran cemetery</u> DATE <u>March 3, 1939</u>				
19. UNDERTAKER <u>Charles Hulbrick</u> (ADDRESS) <u>Jamestown, Mo.</u>				
20. FILED <u>March 2, 1939</u> <u>Dr. Cooper</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1939, to 3-1, 1939.
 I last saw him live on 3-1, 1939. Death is said to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Thrombophlebitis of leg → 2 yrs. resulting in embolism thrombosis and paralytic 2-4-39
clear
 Other contributory causes of importance: Dehydration & acidosis
 127608

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Hubert H. Wells, M. D.
197 (Address) Boonville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number 4/7/39
Date Filed _____