

APR 23 1936

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

Bishop
Do not use this space.

11905

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 0032City Sedalia(No. 516 So. Park)File No. 96Registered No. 668

St. _____ Ward)

2. FULL NAME

Annie L. Selken(a) Residence, No. 1210 W. 6th.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

FemalewhiteSingle

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 18, 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

63313

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)

Smithton Mo.

MOTHER FATHER

13. NAME

James Selken

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

Ohio

15. MAIDEN NAME

Martha Lujen

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

Mo.

17. INFORMANT

(ADDRESS)

John H. Selken
Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Mo. DATE April 1 1936

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral Home
Sedalia Mo.

20. FILED

3-31-1936John Slack

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31/36 19

22. I HEREBY CERTIFY, That I attended deceased from

3-26 1936 to Mar 30 1936I last saw her alive on Mar 30 1936 Death is saidto have occurred on the date stated above, at 1204

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

Date of onset

Angine Siclons

Other contributory causes of importance:

Scidulty

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? NO Date of injury _____, 19Where did injury occur? NO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NONature of injury NO24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H. J. Bishop, M. D.(Address) Sedalia 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.

