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.

JUN 25 1936

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

Do not use this space.

20392

1. PLACE OF DEATH
County Pulaski — Registration District No. 716 — File No.
Township Tenn — Primary Registration District No. 5945 — Registered No. 6
City Crocker (No. ..., ... St. ..... Ward)

2. FULL NAME Edna V. Sell

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hilmer J. Sell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 3 1885

7. AGE: YEARS 50 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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): July 1935
11. Total time (years) spent in this occupation: Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co Mo.

FATHER
13. NAME: John T. Judkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mary D. Webb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): W. Sell, Crocker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crocker — DATE: May 29 1936

19. UNDERTAKER (ADDRESS): J. T. Hoopatsons, Crocker Mo

20. FILED May 27, 1936 W. J. Sell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 26, 1936
I last saw her alive on May 25, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1934
Other contributory causes of importance: Biliary Calculi	1934

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Name of operation: Gall Bladder Removal Date of 9/30/34
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) C. A. Talbot, M. D.
(Address) Waynesville Mo