

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

Do not use this space.

27544

1. PLACE OF DEATH

County Jackson
Township Kan
City St J

Registration District No. _____
Primary Registration District No. _____
(No. 1030 Benton Blvd)

File No. _____
Registered No. 3020
St. _____ Ward _____

2. FULL NAME

Ms Sarah E Edmonson
(a) Residence, No. 1030 Benton Blvd St J Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 da. 9 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Edmonson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2nd 1856

7. AGE YEARS <u>72</u>	MONTHS <u>—</u>	DAYS <u>28</u>	IF LESS than 1 day, _____hra. or _____min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) mo

10. NAME OF FATHER James Bowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Mary Means

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) mo

14. INFORMANT Ms L M Bryson
(Address) 1030 Benton Court

15. FILED 9-1-28 M M Crave
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/31/28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1928, to Aug 31 1928, that I last saw her alive on Aug 31 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
several years yrs. mos. da.
CONTRIBUTORY Chronic Glomerulonephritis
(SECONDARY) hypertension several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical findings
(Signed) Ralph King Gandy, M. D.
9/31, 1928 (Address) 300 Gate City Hall Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Ship

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale mo DATE OF BURIAL 9/1/28 1928

20. UNDERTAKER H. J. Mayberry Co ADDRESS City

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.

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