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

Do not use this space.

File No. 11269

Registered No. 116-

Registration District No. 213-

Primary Registration District No. 3014-

1. PLACE OF DEATH
County: Cole
Township: ..... Registration District No. 213-
City: Jefferson (or Village) ..... Ward) ..... St. .....

2. FULL NAME James Robert Edmonson

(a) Residence. No. 606 E Water St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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~~ Emma Crane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1866

7. AGE: Years 60 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Mo Pacific
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Robt Edmonson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs J R Edmonston
(Address): 606 E Water St

15. FILED 4/21 19- 27. S. V. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/19- 1927, to 4/19- 1927, that I last saw h. alive on 4/19- 1927, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Locomotor Ataxia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. V. Bedford, M. D
4/21-, 1927 (Address) Jeff. City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hobanwell Cem — DATE OF BURIAL: Apr 21 1927

20. UNDERTAKER: Hanson & Tanner — ADDRESS: Jefferson City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD