MAR 19 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Delaware
Township: Grant
City: ~~King City~~ Mo. (No. ... Ward)
Registration District No. 264
Primary Registration District No. 5867
File No. 4484
Registered No.

2. FULL NAME: ~~Infant Son of Ross W. Edmondson~~ Walton Ray Edmondson
(a) Residence. No. RR #3 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. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-3-28
7. AGE: YEARS | MONTHS | DAYS: 9 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): King City Mo. RR #3

PARENTS
10. NAME OF FATHER: Ross W. Edmondson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): King City Mo. RR #3 Dwelling Hill
12. MAIDEN NAME OF MOTHER: ~~Flora Ross~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo. Grant Township

14. INFORMANT: W. M. H. Edmondson
(Address): King City RR 3

15. FILED: Feb 10 1928 Mrs. Kessler Gian
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-12 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1928, to Feb 12, 1928, that I last saw him alive on Feb 11, 1928, and that death occurred, on the date stated above, at 9 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute indigestion
110°F
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT WAS CONFIRMED DIAGNOSIS?
(Signed) D. E. Blackstock, M. D.
2/12, 1928 (Address) King 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: Butler Cem.
DATE OF BURIAL: 2-12 1928
20. UNDERTAKER: R. G. Taggart
ADDRESS: King City Mo.

N. B. CAUSE OF ...

Please state cause of indigestion.

Sign and return.

The cause of acute malnutrition in a child of this age is seldom known, especially when breast fed.

[illegible]

[illegible]

[illegible]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH.
County DeKalb — Registration District No. 264 — File No. 4484
Township — Primary Registration District No. 5367 — Registered No.
City — (No. , St. Ward)

2. FULL NAME Walton Ray Edmondson
(a) Residence. No. 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

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-3-28

7. AGE — YEARS — MONTHS — DAYS: 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT W. M. K. Edmonson
(Address) King City Mo

15. FILED 7-6-10, 1928 Mrs Kessler Ginn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Indigestion
112 C
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Probably a fermentation from meal of mother
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Blackleck, M. D
4/11, 1928 (Address) King 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: Bro Dr. Cemetery — DATE OF BURIAL: 2.12 1928

20. UNDERTAKER: R. L. Sagaark — ADDRESS: King City 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...WITH UNFADING INKS—THIS IS A PERMANENT RECORD

[illegible]