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

Do not use this space.

6329

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 66
City Independence Mo. St. Ward)

2. FULL NAME Mary Helena Edmonson
(a) Residence. No. 748 E. Walnut St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

MAR 22 1929

209

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: Rollie Edmonson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7. 1907

7. AGE: Years 21 — Months 9 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Radio Singer
(b) General nature of industry, business, or establishment in which employed (or employer): Sears Robuck
(c) Name of employer: K. M. B. C.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Groves Co. Kentucky

PARENTS
10. NAME OF FATHER: H. S. Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Tenn.
12. MAIDEN NAME OF MOTHER: Beulah Powers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Weakly Co. Tenn.

14. INFORMANT: Henry Berry
(Address) 748 East Wal.

15. FILED 2-21, 1929 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Feb 20, 1929 that I last saw her alive on Feb 20, 1929, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tonsilitis & Quinsey
Thooked to Death
115A
1948 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 0 9 0 2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A M Boyd, M. D
2-21, 1929 (Address) Independence 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: Mound Grove — DATE OF BURIAL: 2-21-29

20. UNDERTAKER: C. W. Carson & Son — ADDRESS: Indep