

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

Do not use this space.

18423

1. PLACE OF DEATH

County Stoddard
Township Carter Liberty
City Clark (No.)

Registration District No. 838
Primary Registration District No. 6098B

File No.
Registered No. 26
St. Ward)

2. FULL NAME Samuel Edmondson

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Edmondson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dont know</u>		
7. AGE YEARS <u>83</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>0</u>

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	13. NAME <u>Dont know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>
	15. MAIDEN NAME <u>Dont know</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>
	17. INFORMANT (ADDRESS) <u>Guy Henson</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock Hill Cemetery</u>	
19. UNDERTAKER (ADDRESS) <u>C. O. Biggs & Co.</u>	
20. FILED <u>5/7/1932</u> <u>F. Lubin</u> Registrar.	

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1931

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1932 to 5-7-1932

I last saw him alive on 5-2-1932 Death is said to have occurred on the date stated above, at 99 m.

The principal cause of death and related causes of importance were as follows:
Metrical Regeneration
13 1/2
2 1/2
Enterostomal

Other contributory causes of importance:
Chorea & ...
Chorea ...

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) S. S. Harris, M. D.
(Address) Wester

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.

MAY 31 1932

