

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

*Edmondson*  
Do not use this space.

39238

File No. ....  
Registered No. *847* .....  
St. .... Ward)

**1. PLACE OF DEATH**

County *Greene* Registration District No. *318*  
Township *Springfield* Primary Registration District No. *2001*  
City *Springfield* (No. *1205 W. Lynn*)

**2. FULL NAME**

(a) Residence, No. *1205 W. Lynn* 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 *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 *Arthur Dial*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep 19 - 1871*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>61</i>	<i>2</i>	<i>16</i>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House work*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 1*

FATHER  
13. NAME *Wright*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER  
15. MAIDEN NAME *Rebecca Ridgway*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Mrs. Leo W. Davis Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Seaman's Bay* DATE *Dec 2 32*

19. UNDERTAKER (ADDRESS) *J. W. Higgins & Co. Springfield, Mo.*

20. FILED *12 6 1932* *Ralph W. Langston Registrar*

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5 1932*

I HEREBY CERTIFY, That I attended deceased from *Nov 20 1932* to *Dec 5 1932*

I last saw him alive on *Dec 4 1932* Death is said to have occurred on the date stated above, at *7 am*

The principal cause of death and related causes of importance were as follows:

*arteriosclerosis*  
*Hypotension*  
*97*  
*102*

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *(1)*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? *Mo.* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify

(Signed) *M. T. Edmondson*, M. D.  
(Address) *318 1/2 College St*

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. JAN 23 1933

