

MAR 31 1933

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

Do not use this space.

8273

1. PLACE OF DEATH
 108 County Vernon Registration District No. 871
 Township Ozage Primary Registration District No. 615-5
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Richard Harrison Edmonds
 (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 38 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Sept 1933 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri

13. NAME William Edmonds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Adeline Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Franklin, Missouri

17. INFORMANT Howard Edmonds (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE 2-23-1933

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo.

20. FILED 2-22 1933 C. H. Mussen, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22^d 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1933, to Feb 22nd 1933. I last saw him alive on Feb 20th 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:
Uremia sequella of Chronic Nephritis of three years standing Duration of Uremia - 2-15-33 Date of onset 131

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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? _____ (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) J. W. Amerman, M. D. (Address) Nevada Mo.

MADE IN U.S.A. RESERVE FOR BINDING

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

U.S. NO. 2

