

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

Do not use this space.

MAY 25 1934

13468

1. PLACE OF DEATH

County Lincoln
Township Snow Hill
City Soyon

Registration District No. 491
Primary Registration District No. 5655

File No. _____
Registered No. 11 St. _____ Ward _____

2. FULL NAME

William Edmunds

(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henrietta Edmunds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>74</u>		
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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) <u>4-24-34</u>	
		11. Total time (years) spent in this occupation <u>45 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>		
MOTHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Henrietta Edmunds</u> (ADDRESS) <u>Soyon, Mo. R.F. 5</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>4-27-34</u>	
19. UNDERTAKER (ADDRESS) <u>Barman Bros. Inc. 2573 Woodson Road, Mo.</u>		
20. FILED <u>5-1</u> 19 <u>34</u> <u>W. R. Smith</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934, to _____, 19____.

I last saw him alive on April 9, 1934. Death is said to have occurred on the date stated above, at about 7-A m.

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

Hypertensive heart disease.
Myocarditis.

Other contributory causes of importance:
Arterio Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Paul R. Whitener, M. D.
(Address) 2573 Woodson Road
Overland Mo

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.

57

32

31

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Date of onset
1933
48
97

