

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

Do not use this space.

20184

1. PLACE OF DEATH

County Henny Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (N. Ward) _____ St. _____ (Ward)

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. 323 W Grand 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 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 Lena Edmondson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 8 hrs

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis & Clark Mo

MOTHER FATHER
13. NAME Frank Edmonds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Mary cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Lena Edmondson Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6/7 '19 34

19. UNDERTAKER (ADDRESS) Spoufford

20. FILED 6-8 '19 34 Dr. J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 19 24

22. I HEREBY CERTIFY, That I attended deceased from on June 5, 1924, to _____, 19____.

I last saw him alive on Apr 22, 1924. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

43 Struck by locomotive while driving auto at crossing

Other contributory causes of importance:
gale

Name of operation _____ 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? _____

If so, specify _____

(Signed) W. C. Peltor, M. D.

(Address) Clinton Mo

Peltor

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 10 1924

SEP 12 1945

[Faint handwritten notes and scribbles]