

OCT 24 1935

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

Do not use this space.

29398

## 1. PLACE OF DEATH

County MonRegistration District No. 291Township BeckleyPrimary Registration District No. 3-5-2-1-2City Beckley(No. Home for aged Baptists)

File No.

Registered No. 39St. Mo Ward

## 2. FULL NAME

(a) Residence, No. Joseph N. Edmiston St. Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Fannie Edmiston6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 18547. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 5 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 yrs

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) Abertine Ohio13. NAME Joseph Edmiston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) W. Marshall Stanton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Katherine's Cem. DATE 9/23 193519. UNDERTAKER (ADDRESS) Shepard Funeral Home20. FILED 9/20 1935 R. C. Rasche Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1935, to Sept 19, 1935I last saw him alive on Sept 19, 1935 Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

Prosy General

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) E. R. Barshouse, M. D.(Address) Stanton Mo

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.

