

NOV 25 1935

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

Do not use this space.

32544

1. PLACE OF DEATH

County Howard Registration District No. 380
Township Franklin Primary Registration District No. H 224
City New Franklin (No. _____) St. _____ Ward _____

2. FULL NAME Carl Alvin Edmonston
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Lillian Kingsbury Edmonston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1898
7. AGE YEARS 47 MONTHS 8 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Sta Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. K. & P. R. R.
10. Date deceased last worked at this occupation (month and year) 10/12/35 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Opelousas, Mo.

13. NAME C. W. Edmonston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo.

17. INFORMANT Mrs. C. A. Edmonston
(ADDRESS) New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Woodmont DATE 10/27/35

19. UNDERTAKER C. S. Dyer
(ADDRESS) New Franklin, Mo.

20. FILED 10-15- 1935 J. H. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935, to Oct 12 1935
I last saw him alive on Oct 12 1935 Death is said to have occurred on the date stated above, at 4:15 p.m.

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

coronary occlusion
angina pectoris
Date of onset Oct 12 - 1935

Other contributory causes of importance:

Sclerous aorta

Name of operation none Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. L. Chamberlain, M. D.

(Address) New Franklin, 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.

