

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Garrison (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 5554

19327  
File No. \_\_\_\_\_  
Registered No. 197  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Kathornie Edmunds

(a) Residence, No. 325 N Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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 F 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 Thomas Edmunds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 | 11 | 29

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

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) 1936 mar 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Oskaloosa Kans

MOTHER FATHER 13. NAME Isaac Fairholm

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Oskaloosa Kans

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) not known

17. INFORMANT Thomas V Edmunds  
(ADDRESS) 325 N Home Garrison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence Kans DATE May 30, 1936

19. UNDERTAKER Henry Burr  
(ADDRESS) Independence Kans

20. FILED 5-29-36 J. L. Leach  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY that I attended deceased from Apr 7, 1936, to May 26, 1936

I last saw her alive on May 26, 1936. Death is said to have occurred on the date stated above, at 11:00 P m.

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

Chronic myocarditis myxo- Date of onset \_\_\_\_\_

Other contributory causes of importance: 93

Name of operation none 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) James C. [Signature], M. D.

(Address) Independence 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.

