

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 4477 File No. 13730
Township Miami Primary Registration District No. 797 Registered No. 7
City Miami (No. _____) St. _____ Ward _____

2. FULL NAME Ann Jane Edmonds

(a) Residence, No. Miami, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White U.S.A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augustus R. Edmonds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 11

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

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) Saline county, Missouri

13. NAME Jonas A. Saufloy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Virginia

15. MAIDEN NAME Martha Jane Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Virginia

17. INFORMANT R. S. Edmonds (ADDRESS) Miami, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Church DATE 3-14-1937 19.

19. UNDERTAKER Geo. W. Wilson (ADDRESS) Miami, Mo.

20. FILED 3-13 1937 Miss Aubrey Haynes Registrar. (Address) Miami, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, 19, to March 12, 1937, 19.

I last saw h. or alive on March 12, 1937, 19. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Heart Failure Date of onset

Valvular heart disease

Other contributory causes of importance:

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) H. H. Grady, M. D.

(Address) Miami, 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.

