

REC'D JUN 17 1938

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

Do not use this space.

19165

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 668
Primary Registration District No. 2022
(No. Dathwell 1908)

File No. 148
Registered No. 668
St. _____ Ward _____

2. FULL NAME. Emma Lona Bell Edgington

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee E. Edgington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 21

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

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) Hyden County
(STATE OR COUNTRY) Iowa

13. NAME Peasly H. Rhodes

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

15. MAIDEN NAME Elizabeth May Crouse

16. BIRTHPLACE (CITY OR TOWN) Penn
(STATE OR COUNTRY)

17. INFORMANT Ira M. Brown
(ADDRESS) Grundy Center Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5-10-1938

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia

20. FILED 5-9-1938 Jean Clark
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1938, to May 8, 1938
I last saw her alive on May 8, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Carcinoma of Spine and left Femur metastatic. Primary focus unknown

Date of onset

Jan 1938Other contributory causes of importance: 52Name of operation None Date of _____What test confirmed diagnosis? Section 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? No

If so, specify A. L. Walter
(Signed) _____, M. D.

(Address) Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

