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

REC'D JUL 15 1938

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

Do not use this space.

22046

1. PLACE OF DEATH
County Jackson
Township Blue
City ~~Kansas City~~ (No. ..... , ... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554
File No. .....
Registered No. 168

2. FULL NAME Thomas Vaughn Edmonds 355
(a) Residence, No. 325 North Home St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1873
7. AGE YEARS 65 MONTHS 3 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own store
10. Date deceased last worked at this occupation (month and year) Nov. 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Thomas Edmonds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME Elizabeth Griffon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Don Edmonds Kansas City, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Ks. DATE June 4 1938
19. UNDERTAKER (ADDRESS) Rumsey Bros. Lawrence, Kans.
20. FILED 6-11- 1938 H. L. Coole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1- 1938
22. I HEREBY CERTIFY, That I attended deceased from 2/10 1938, to 6/1 1938
I last saw him alive on 6/1 1938. Death is said to have occurred on the date stated above, at 11p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Diabetes	54

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Lab 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) [signature], M. D.
(Address) 10307 Indep Ave KC Mo