

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 4281

File No. 1028 a
Registered No. 13
St. Ward)

2. FULL NAME Mrs Hannah L. Edmondson

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 J. W. Edmondson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Mo.

10. NAME OF FATHER Tullis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. L. Edmondson (Address) Windsor Mo

15. Jan 17 1931 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930 to Jan 15, 1931 that I last saw her alive on Jan 11, 1931, and that death occurred, on the date stated above, at Windsor, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease

CONTRIBUTORY (SECONDARY) Influenza (duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 992 St

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. P. Reed M. D. (Address) Calhoun Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Mo. DATE OF BURIAL 1-17-31

20. UNDERTAKER HUSTON'S FUNERAL CHAPEL ADDRESS WINDSOR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 23 1931

