

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

Do not use this space.

9614

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3019
City Clinton (No. 15) 8 March St. _____ Ward _____

File No. _____
Registered No. 357
St. _____ Ward _____

2. FULL NAME

Anna E Edmonston
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm C. Edmonston

17. I HEREBY CERTIFY, That I attended deceased from MM 5 1931, to March 12 1931, that I last saw her alive on March 12 1931, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1846

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 84 11 26

The Fallowby Hypostatic Pneumonia

8. OCCUPATION OF DECEASED Housekeeper
(a) Trade, profession, or particular kind of work 735
(b) General nature of industry, business, or establishment in which employed (or employer) in our home
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) NO
(duration) yrs. mos. ds. _____
(duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) Near Alton, Ky.
(STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

10. NAME OF FATHER Jepptha D Elliston

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

19. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Elizabeth Spillyan

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. R. Hampton, M. D.

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

*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.

14. INFORMANT Miss Kate Edmonston
(Address) Clinton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Mar 15 1931

15. FILED 3/14 1931 Ed C. Peeler REGISTRAR

20. UNDERTAKER Spencer Clinton
ADDRESS _____

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.

APR 23 1931

