

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township X Windsor  
City Windsor (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. 19526  
Registered No. 24  
St. .... Ward)

**2. FULL NAME**

Edmond Dedrick  
(a) Residence, No. 301 N. Commercial St., ..... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Elizabeth Carruthers  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1-1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar Maker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory  
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) Stoneridge New York

13. NAME John Dedrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs Dedrick  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE June 5-33

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL WINDSOR, MISSOURI

20. FILED 6-5 1933 W. J. Jennings Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3-33 1933  
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 3, 1933  
I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 7 p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis  
Hypertension  
Date of onset

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? no  
If so, specify .....  
(Signed) T. J. Jennings M. D.  
(Address) Windsor, Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 26 1933

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