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

Do not use this space.

File No. 23440

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 403

Township: ~~Kansas~~ Brooking — Primary Registration District No. 5557

City or Village: K.C. Mo. — (No. ~~1241 Richmond ave~~ R.F.D. 3 Cyrus Mo. St. ..... Ward)

2. FULL NAME: Mary Belle Edmonds

(a) Residence, No. 1241 Richmond St., Ward. (Usual place of abode) (If nonresident, give city or town and State) Kansas City, Kansas

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 7-1865

7. AGE: Years 68 | Months 3 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Joseph Edmonds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co. Mo.

MOTHER

15. MAIDEN NAME: Adice Ed Edmonds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuylkill Co. Mo.

17. INFORMANT (ADDRESS): Albert Edmonds

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lexington Mo. DATE: 7-22-1933

19. UNDERTAKER (ADDRESS): Mrs. E. L. Foster, 918 Brooklyn ave

20. FILED 7-22-1933 W. W. Hobbs M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1933

22. I HEREBY CERTIFY that I attended deceased from 7-1-, 1933, to July 20, 1933

I last saw her alive on July 19, 1933. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
82-A	
Cerebral Hemorrhage	7-1-33
Other contributory causes of importance:	
Arteriosclerosis	4 yr.

Name of operation: None — Date of: —

What test confirmed diagnosis? None — Was there an autopsy? No

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) Harvey W King, M. D.

(Address) 502 Huron Bldg, Kansas City, Kans

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

AUG 25 1933