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

70

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Saltriver — Primary Registration District No. 3002 — Registered No. 6
City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Julia I. Edmonston
(a) Residence. No. E. Commerce St., 4th 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: Female
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 O Edmonston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14-1856

7. AGE: Years 72 — Months 7 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

PARENTS
10. NAME OF FATHER Austin Stewart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Cortez Edmonston (Address) Mexico Mo.

15. FILED Jany 15th 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 13, 1929 that I last saw her alive on Jan 12, 1929, and that death occurred, on the date stated above, at 1 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy - (Cerebral hemorrhage)
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W R Rodes, M. D
, 19 (Address) Mexico 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: Mexico Mo. — DATE OF BURIAL: Jan. 15 1929

20. UNDERTAKER: McPheeters Bros. — ADDRESS: Mexico Mo.

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.

1929 4 4 7 235 1 2 2