

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

Do not use this space.

5230

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. K.C. General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 1318
 St. _____ Ward _____

2. FULL NAME Orpha Edmondson

(a) Residence. No. 1175 Wells Indep Mo Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 2-24 to 2-25, 1930 that I last saw her alive on 2-25, 1930 and that death occurred, on the date stated above, at 9:10 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-19-1919

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 10 6

Epidemic Cerebro spinal meningitis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School girl
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 CONTRIBUTORY (SECONDARY) 24 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Anthon
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Edmondson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan County
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mertie Riggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby County
 (STATE OR COUNTRY) Iowa

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Cult + Bact Find.
 (Signed) P E Wells M. D.

14. INFORMANT Reina Clark
 (Address) K.C. General Hosp.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Grove
 DATE OF BURIAL 2/27 1930
 ADDRESS Indep Mo.

15. FILED 26, 1930 M. M. Croove REGISTRAR
Ans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

309 M. L. L. L.