

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 36078

Township Kau

Primary Registration District No. 1092

Registered No. 4590

City Kansas City, Mo. (No. General Hospital)

St. 11th Ward

**2. FULL NAME**

Edmondson Rose

(a) Residence. No. 2908 Summit 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

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

Female colored single

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

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

Jan 15, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

15

8

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City, Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Edmondson Leo

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

California

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emmerson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Cooper Co

(STATE OR COUNTRY)

14.

INFORMANT

mother

(Address)

2908 Summit

15.

FILED

11/5 30

M. M. Crowe

asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

11/2 1930

17.

I HEREBY CERTIFY, That I attended deceased from 10/30

1930 to 11/2 1930

that I last saw her alive on 11/2 1930 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary T.B.

(duration)

5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Frémia

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

not known

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Pathological

(Signed)

J. M. Miller M. D.

, 19 (Address)

Gen Hospital

\*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

DATE OF BURIAL

Maple Hill

Nov 6 1930

20. UNDERTAKER

ADDRESS

Hartman Bros

1729 Lydia

