

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

Do not use this space.

39773

1. PLACE OF DEATH

County..... Registration District No. *78*
Township..... Primary Registration District No. *100*
City..... (No. *5452*, *Nottingham Ave*) St. Ward)

File No.
Registered No. **11997**
St. Ward)

2. FULL NAME *Emma N. Edmiston*

(a) Residence, No. *5452 Nottingham Ave*, *14* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph R Edmiston</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-16-1856</i>			
7. AGE	YEARS <i>75</i>	MONTHS <i>4</i>	DAYS <i>14</i>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>		
	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) <i>Quincy Ill.</i>			
MOTHER	13. NAME <i>John Blakeslee</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>		
	15. MAIDEN NAME <i>Catherine Eagle</i>		
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>		
17. INFORMANT <i>William J. Edmiston</i>			
(ADDRESS) <i>4784 Spaulding</i>			
18. BURIAL, CREMATION OR REMOVAL			
PLACE	<i>Valhalla</i>		
DATE	<i>12/2 '31</i>		
19. UNDERTAKER <i>H. A. Stark and Co.</i>			
(ADDRESS) <i>2117 E. Grand</i>			
20. FILED <i>DEC - 1 1931</i> 19 <i>May E. Starckoff</i>			
Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 30*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 7* to *Nov 30*, 19*31*
I last saw him alive on *Nov 28*, 19*31*. Death is said to have occurred on the date stated above, at *3:30 A.* m.
The principal cause of death and related causes of importance were as follows:
Urteral neovascularization (past 30 years history) general anasarca depending asthma
Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis..... 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?.....
If so, specify *Fred S. W...*, M. D.
(Signed) *Fred S. W...*
(Address) *502 W. ...*

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.

F. S. Warner

5022 Det

Rock 0490