

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

Do not use this space.

40630

**1. PLACE OF DEATH**

County Franklin

Registration District No. 480

File No. \_\_\_\_\_

Township Salmon

Primary Registration District No. 5048

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Edmonston

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Male 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 Sallie Edmonston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 5 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Romance life

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) Schuyler Co. Mo

13. NAME Basil Edmonston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Ruth Skags

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Proper Edmonston  
Steffenville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Steffenville DATE Dec 6 1933

19. UNDERTAKER (ADDRESS) Thomas Bell  
Young Mo

20. FILED Dec 11 1933 Alvin Neal Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1928, to Dec 4 1933

Last saw him alive on Dec 1st 1933 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Chronic interstitial nephritis Date of onset several years ago  
and this disease several years ago

Other contributory causes of importance:  
mitral regurgitation  
Had this defect several months

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) Alvin Neal M. D.  
(Address) Steffenville Mo

