

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Northfolk
City (No. _____) _____

Registration District No. 40
Primary Registration District No. 5061

File No. 4919
Registered No. 10
St. _____ Ward _____

2. FULL NAME Edna Elizabeth Onstott

(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 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 C.O. Onstott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Vernon CO, MO.

13. NAME C.C. Coates

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

15. MAIDEN NAME Sarah Berry

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

17. INFORMANT C.O. Onstott
(ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelly Semetary DATE 2/4 1937

19. UNDERTAKER River Funeral Home
(ADDRESS) Lamar, MO.

20. FILED Feb-4 1937 Mrs. Josephine Mynatt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936, to Feb 2 1937
I last saw her alive on Feb 2 1937. Death is said to have occurred on the date stated above, 3:15 A.M.

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

Bronchial pneumonia Date of onset Dec 20
(post influenza) 1936

Other contributory causes of importance:

Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

(Signed) Jama A. Atkins 1, M. D.
(Address) Lamar, 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.

