REC'D SEP 23 1938

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

29251
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 421
(b) Township — Primary Registration District No. 5575 — Registered No. 85
(c) City Joachim — (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mose Edmonds 355
(a) Residence, No. ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs Jessie Edmonds (Bennett)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 21, 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Glass Factory
10. Date deceased last worked at this occupation (month and year) 1934 years
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Missouri 0

FATHER
13. NAME William F. Edmonds 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Missouri 0

MOTHER
15. MAIDEN NAME Sarah Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville Missouri

17. INFORMANT A. H. Edmonds
(ADDRESS) Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 8/22/38, 19

19. FUNERAL DIRECTOR (NAME) Duester- Vinyard
(ADDRESS) Festus Mo.

20. FILED 8/22, 1938 J. E. Rutledge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug., 19th., 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 1 — 1938, to Aug 19, 1938
I last saw him alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 9:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

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

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) J. Donnell, M. D.
(Address) Crystal City, Mo

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.