

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

2654
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Mo. Primary Registration District No. 2002 - Registered No. _____
 (c) City Joplin Mo. (d) Street No. Freeman Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Julia Ann Edmondson.
 (a) Residence, No. Maysville Ark. St. Maysville Ark.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. J. J. Edmondson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1873</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>11</u>	DAYS <u>3 day</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Taloga Okla</u>		
FATHER	13. NAME <u>Mr. M. W. Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Josephine Raper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>John Edmondson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maysville, Ark.</u> DATE <u>1-18-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Sam Clarke</u>		
20. FILED <u>1-17-39</u> <u>J. J. Jones</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1939

22. I HEREBY CERTIFY That I attended deceased from Dec. 2nd 1938 to Jan. 16 1939
 I last saw her alive on Jan. 15 1939 Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis with failure
92 R1
 Date of onset Nov. 1-38

Other contributory causes of importance:
hypertensive cardiac renal disease
7-1-38

Name of operation none Date of _____
 What test confirmed diagnosis? lab. 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) A. T. Blake, M. D.
 (Address) 725 Fifth St. Joplin 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-320

Date Filed FEB 15 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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