

29303

File No. \_\_\_\_\_  
Registered No. 49 St. \_\_\_\_\_ Ward \_\_\_\_\_MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

47. PLACE OF DEATH  
County Iron Registration District No. 2  
Township Arcadia Primary Registration District No. 391  
City Ironton (No. \_\_\_\_\_) Primary Registration District No. 4230

2. FULL NAME Martha Jane Edmonds

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Housten Edmonds.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1849.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

89 10 18

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Bellevue  
(STATE OR COUNTRY) Mo.

13. NAME William Howell. 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 9  
(STATE OR COUNTRY)

15. MAIDEN NAME Susan Masterson. 9

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

17. INFORMANT Lydia Crawford  
(ADDRESS) Ironton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellevue, Mo. DATE Aug 5, 1939

19. UNDERTAKER Norman White & Sons  
(ADDRESS) Ironton, Mo.

20. FILED Aug 8, 1939 R. A. Rensch 53 (Address) Ironton, Mo.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 193922. I HEREBY CERTIFY, That I attended deceased from June 27, 1939, Aug 2, 1939I last saw her alive on July 26, 1939 Death is saidto have occurred on the date stated above, at 7.00 P.

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

Fracture of hip caused by  
fall onto floor

Date of onset

1938

Other contributory causes of importance: 1862  
15 7/26.

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? Accident Date of injury \_\_\_\_\_, 1938Where did injury occur? Ironton, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In homeManner of injury Fell while walkingNature of injury Fractured hip24. Was disease of injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. C. Anson, M. D.(Address) Ironton, Mo.

