

Washed 3-30

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

Do not use this space.

9305

1. PLACE OF DEATH
Sugar
68 ~~Moniteau~~ ~~Mo.~~
County
Township
City (No.)

Registration District No. 574
Primary Registration District No. 5772A

File No. 1932
Registered No. 4
St. Ward

2. FULL NAME Anna Marie Edshell
(a) Residence. No. 7 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry Edshell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Horse Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 2350
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau (STATE OR COUNTRY)

10. NAME OF FATHER John Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT William Henry Edshell (Address) Lupus Mo.

15. FILED Mar 31 1932 Ellis E. Raikes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 31 1932
17. I HEREBY CERTIFY, That I attended deceased from Mar 29 1932 to Mar 31 1932 that I last saw her alive on Mar 29 1932 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
Died very suddenly after light attack, Mar 29/32. Myocardial degeneration (Fatty) (duration) Unknown

CONTRIBUTORY (SECONDARY) 30 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Ellis E. Raikes M. D. Mar 31, 1932 (Address) Jamestown Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Jamestown Mo. Apr 2 1932

20. UNDERTAKER ADDRESS
Public Funeral Home, Jamestown 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.

APR 28 1932

PARENTS

1933-34-31
1866-3-20

660-11