

Use only permanent BLACK ink or ribbon on this form. Avoid erasures. Print or typewrite everything except signatures.

Name  
Address

THE DIVISION OF HEALTH OF MISSOURI  
Bureau of Vital Statistics

DELAYED OR SPECIAL  
CERTIFICATE OF BIRTH

No. 457533

Print Full Name at birth Edna Belle Eddy Date of birth Aug. 29, 1886  
(Month) (Day) (Year)  
Color or race White Sex Female Birthplace Mound City Holt Co., Missouri  
(City or Town) (County) (State)  
Father: name Elmer Percival Eddy Birthplace Indiana  
(State or Country)  
Maiden Mother: name Mary Emily Lansdown Birthplace Illinois  
(State or Country)  
AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)  
Signature Edna Belle Eddy (Maumass) Relationship to registrant  
Address Mound City, Missouri Subscribed and sworn to before me on Oct. 19, 1954  
Notary Public Pauline Furson For State of Missouri County of Holt  
My commission expires My Commission Expires December 6, 1954, 19

Do Not Write Below This Line

ABSTRACT OF SUPPORTING EVIDENCE

Do Not Write Below This Line

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)

Date Original Document Was Made

1	Physicians Life and Casualty Co. Policy # 112,398-H	6-4-48
2	affidavit of Ida G. Hagerman Aunt	10-19-54
3	Family Bible Record	4 yrs. ago
4		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1 Aug 29 1886			
2 Aug 29 1886	Mound City, Mo.		
3 Aug 29 1886	Mound City, Mo.		
4			

REVIEWER'S STATEMENT AND SIGNATURE

I hereby certify that I have reviewed the evidence submitted in support of the above affidavit and that the preceding abstract is taken from this evidence.

FILED in the Division of Health,  
Jefferson City, Missouri, on

MAR 11 1957

Bureau of Vital Statistics

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