

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

Do not use this space.

8113

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City Kansas City (No. 1807 East 9th)

Registration District No. 5  
Primary Registration District No. 1807 East 9th

File No. 455  
Registered No. 455  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frances Edwards  
(a) Residence No. 1807 E 9th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/4 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1927, to Mar 4, 1927, and that I last saw her alive on Mar 4, 1927, and that death occurred, on the date stated above, at 3:25 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29 1872

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
107A  
712/1000  
\_\_\_\_\_ yrs. mos. da.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 | 11 | 5

CONTRIBUTORY (SECONDARY) Acute cardiac  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mexico Missouri

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

10. NAME OF FATHER unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) unknown

WHAT TEST CONFIRMED DIAGNOSIS? 2 of Pneumonia  
(Signed) M. G. Brumfield, M. D.

12. MAIDEN NAME OF MOTHER Martha Ann

(Address) 1203 E 18th

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

\*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.

14. INFORMANT Catherine A. Harris (Address) 1807 E 9th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Grinders Cem DATE OF BURIAL 3/7 1927

15. FILED 3/7 1927 M. M. Larue REGISTRAR Asst

20. UNDERTAKER Hatkins Bros ADDRESS 1821 E 18th

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.

Brookings