

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

Do not use this space.

22280

AUG 18 1927

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 5036
 City St. Charles (No. St. Josephs Hospital) St. _____ (Ward)

File No. _____

Registered No. 120

2. FULL NAME Edo Minerva Law

(a) Residence. No. _____ St. _____ Ward. Madison Ave
 (Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21 - 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	1	11	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lake Preston
 (STATE OR COUNTRY) South Dakota

10. NAME OF FATHER Washington M. Law

11. BIRTHPLACE OF FATHER (CITY OR TOWN) White Lake
 (STATE OR COUNTRY) South Dakota

12. MAIDEN NAME OF MOTHER Eola Rodelfeld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Cotton
 (STATE OR COUNTRY) Mo

14. INFORMANT Washington M. Law
 (Address) Madison, Mo.

15. FILED 7-27, 1927. Dr. B. Beckmeyer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1927

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1927, to July 26, 1927, that I last saw him alive on July 26, 1927, and that death occurred, on the date stated above, at 10:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

113 B
78 Enteritis
113 B (duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Simple meningitis
 (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) C. A. Barnard, M. D.

July 27, 1927 (Address) Portage New England 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 St Francis Cemetery DATE OF BURIAL July 28 1927

20. UNDERTAKER McDallmyer & Sons Co ADDRESS St Charles 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.

