

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

Do not use this space.

9153

1. PLACE OF DEATH

County Jackson
Township New
City Jackson City (No. 607 W-38)

Registration District No. 399
Primary Registration District No. 1602

File No. _____
Registered No. 1022
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 607-W-38 St. 5 Ward _____

(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. 5 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
84 10 9

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) Ohio

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) John R. Wellman
607-W-38

15. FILED 3/25, 1928 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ 1928, to _____ 1928 (that I last saw him/her alive on _____ 19____, and that death occurred, on the date stated above, at _____ m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Artemia Toxicoin

CONTRIBUTORY (SECONDARY) Ch. Hepatitis (duration) ____ yrs. ____ mos. ____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) Raymond ..., M. D. 3/25, 1928 (Address) 756 ...

*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 at Washington DATE OF BURIAL 3/26 1928

20. UNDERTAKER W. Lindsey Son ADDRESS City

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.

WHILE TAKING INTERESTS IS A PERMANENT RECORD

