Love
26

R 3 1928

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

Do not use this space.

12004

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 3039 — Registered No. 25

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME James Walter Edwards.

(a) Residence. No. ..... St., ... 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D.K.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 2 1841

7. AGE: Years 86 — Months 6 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): D.K.
(STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Jeremiah Edwards.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D.K.
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Elizabeth Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): D.K.
(STATE OR COUNTRY): Virginia

14. INFORMANT: R. F. Edwards.
(Address): Nevada Mo.

15. FILED: 3-29, 1928 E. R. Kriz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 6 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 28, 1928, to March 6, 1928 that I last saw b. alive on on Mch 5, 1928, and that death occurred, on the date stated above, at after midnight

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
11B (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Dont Know
..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) J. McLove, M.D.

3-8, 1928 (Address) Nevada, 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: Galax, Virginia — DATE OF BURIAL: Mar. 10 1928

20. UNDERTAKER: Allen V Hays — ADDRESS: Nevada, 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.