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

Do not use this space. Delzell

16820

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 16820
Township — Primary Registration District No. 2001 — Registered No. 413
City Springfield (No. 1108 E. Centre St. Ward)

2. FULL NAME Louisa Edwards
(a) Residence. No. 1108 E. Centre St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 - 1852

7. AGE: YEARS 75 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) California
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Grisham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Emaline Larimore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. R. C. Bearden
(Address) Springfield Mo.

15. FILED 5/31, 1928 — O. C. Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/30 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 30, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at 9:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92 A
97 Apoplexy
(duration) yrs. mos. ~~3~~ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
3 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sign
(Signed) W. A. Delzell, M.D.
, 19 (Address) Springfield

*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: Hazelwood Cem — DATE OF BURIAL: 6/1 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 5348 St Louis

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.