JUL 24 1928

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

Do not use this space.

20021

1. PLACE OF DEATH
County Butler — Registration District No. 88 — File No.
Township Neely — Primary Registration District No. 5130 — Registered No.
City (No. St. Ward)

2. FULL NAME Georgia Harriet Edwards
(a) Residence. No. Neelyville, Mo. 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: 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) April 9, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	2	14	

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) Success
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Fred M Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Success
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Myra R. Snowden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Success
(STATE OR COUNTRY) Arkansas

14. INFORMANT Fred M Edwards
(Address) Neelyville, Mo.

15. FILED 6, 23 1928 R. L. Turner
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 23, 1928 that I last saw her alive on June 22, 1928, and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
(Under 2 years)
119A
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Impoper feeding
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No Labatory test
(Signed) R. L. Turner, M. D
, 19 (Address) Neelyville 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: Success Ark
DATE OF BURIAL: 6, 24 1928

20. UNDERTAKER: John Baynham
ADDRESS: Success Ark

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.

THIS IS A PERMANENT RECORD