

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

Do not use this space.

21931

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....)

Registration District No. **791**
Primary Registration District No. **608**
4th N Channing

File No.....
Registered No. **6077**
St. (Ward)

2. FULL NAME

Walter Edwards

(a) Residence. No. **4th N. Channing** St., **18** Ward.

Length of residence in city or town where death occurred **38** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19 - 1887

7. AGE
YEARS MONTHS DAYS
41 3 13

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

9. BIRTHPLACE (CITY OR TOWN) **Covington**
(STATE OR COUNTRY) **West Va.**

10. NAME OF FATHER **Westley Edwards**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Not known**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER " " "

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

14. INFORMANT **Stella Edwards**
(Address) **50 Vanderender Pl.**

15. FILED **6-22-28**
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 2nd 1928**

17. I HEREBY CERTIFY, That I attended deceased from 6-1-28 to 6-2-28 that I last saw him alive on June 2nd 1928, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis and acute dilatation of heart
Chronic Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY **Acute alcoholism**
(SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **129 A**
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. G. Strayhorn**, M. D.
, 19 (Address) **4-N-Channing**

*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 **Father Dickson Cemetery** **6/7 1928**
DATE OF BURIAL

20. UNDERTAKER **L. S. Williams**
ADDRESS **3232 Pine**

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.

