

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 411 File No. 24192
Township St. Ann Primary Registration District No. 2002 Registered No. 303
City St. Louis St. North Ward

2. FULL NAME

Harvey D. Edwards
(a) Residence, No. 2040 St. North Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marney D. Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 1, 1887</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>9</u>	DAYS <u>11</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>house-wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>126</u> <u>127</u> <u>30</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Cunningham

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

12. MAIDEN NAME OF MOTHER Bea Gates

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

14. INFORMANT Mr. State, District
(Address) Garfield Wash

15. FILED 7/1 1928
W. A. Clark
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 - 1928

17. I HEREBY CERTIFY (that I attended deceased from July 9, 1928 to July 12, 1928 that I last saw him alive on July 12, 1928, and that death occurred, on the date stated above, at 302 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Person from
poor condition of gall
bladder & gall stones

CONTRIBUTORY (SECONDARY) 1 2 3
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 9
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. C. C. C. C., M. D.
7-12-28 (Address) St. Louis 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 West Gate Cem DATE OF BURIAL July 16, 1928
St. Louis Mo.

20. UNDERTAKER W. A. Clark ADDRESS St. Louis 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.

PERMANENT RECORD

