

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

Do not use this space.

33708

4249

1. PLACE OF DEATH

County Jackson
Township Tracy
City N. C. Miss. (No. 1120 Tracy Avenue)

Registration District No. 300
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mr. James Lee Edwards
(a) Residence No. 1120 Tracy St. 2 Ward. _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-3-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>5</u>	<u>14</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn

10. NAME OF FATHER William Finville

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

14. INFORMANT Opal Dinus
(Address) 1120 Tracy Avenue

15. FILED 10/19/28 M. M. Corow
REGISTRAR Ass.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 17th 1928
17. I HEREBY CERTIFY That I attended deceased from October 13th 1928 to October 17th 1928 that I last saw her alive on October 17th 1928, and that death occurred, on the date stated above, at 7. P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
122 B (duration) yrs. mos. ds.
CONTRIBUTORY unknown (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 118 B 2
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? 118 B 2
(Signed) R. O. Ralph M. D.
10/18/28 (Address) 539 Highland
*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 Elmwood DATE OF BURIAL Oct. 19, 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS R. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

