

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

Do not use this space.

1386

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No.) St. Ward)

File No.
 Registered No. 17

2. FULL NAME

(a) Residence. No. 1225 N. Pea St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE col 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) Dec 16 - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 1

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) Independence
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Richard Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY) Okla

12. MAIDEN NAME OF MOTHER Fellie Berry

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

14. INFORMANT Richard Edwards
 (Address) Independence mo

15. FILED 1-18 1929 7 L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1929, to Jan 17th 1929, and that I last saw him alive on Jan 16th 1929, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal Meningitis
Meningococci
18

CONTRIBUTORY (SECONDARY) 24
 (duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? microscopic culture
 (Signed) F. L. Cook M. D.

Jan 15, 1929 (Address) Independence
 *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 Woodlawn Cem DATE OF BURIAL Jan 19 - 1929

20. UNDERTAKER H. L. Bannister ADDRESS Independence mo

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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.

2 1929

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PARENTS

