

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

Do not use this space.

20489

1. PLACE OF DEATH

County Vernon
Township Wood
City Wood (No. St. Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 125
St. Ward)

2. FULL NAME

Oliver Edwards
(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 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>White</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>Married</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 22 - 1864</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>27</u>
IF LESS than 1 day, hrs. or min.		

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

9. BIRTHPLACE (CITY OR TOWN) Town not known
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER March London
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known

14. INFORMANT Hospitals, Read
(Address) Wood, Mo

15. FILED 6/6/29 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929
17. I HEREBY CERTIFY, That I attended deceased from May 11, 1929, to May 19, 1929 that I last saw her alive on May 19, 1929 and that death occurred on the date stated above, at 6:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of
12th bowel
1228

(duration) yrs. mos. 5 ds.
CONTRIBUTORY adhesions from
(SECONDARY) appendicitis (duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
Washington D.C.
IS NOT A PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas R Orr, M. D.
May 19, 1929 (Address) Nevada 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 Supwood
DATE OF BURIAL June 3 1929

20. UNDERTAKER Tracy Funeral Home Nevada
ADDRESS

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

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.

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31

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