

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

Do not use this space.

21451
2586

1. PLACE OF DEATH

County Jackson
Township Rail
City K. C. Mo. (No. General Hosp.)

Registration District No.
Temporary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

Edith Belle Lewis
(a) Residence. No. 1113 E. 12th St. 2 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 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) Jan. 7 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 | 4 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

10. NAME OF FATHER Ephraim Estes

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

12. MAIDEN NAME OF MOTHER Kate Jackson

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

14. INFORMANT Bella Peede
(Address) 1217 E. 28th

15. FILED 6/8/29 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6 1929

17. I HEREBY CERTIFY That I attended deceased from 1929, to 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 6:37 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema of Brain
82.A
14W
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Antemortem
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley McFaul
6/6, 1929 (Address) Deputy Coroner

*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 Wt Washington DATE OF BURIAL Jun 8 1929

20. UNDERTAKER Cyklar Bros ADDRESS K.C.

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 UNPADING INK---THIS IS A PERMANENT RECORD

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