

SEP 24 1929

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

Do not use this space.

27307

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 314
City Jefferson City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 192
St. _____ Ward _____

2. FULL NAME

Bessie Edwards

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 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 Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1st 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 11 19

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) Hodge (STATE OR COUNTRY) Mo

10. NAME OF FATHER Shroyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No history

12. MAIDEN NAME OF MOTHER No history

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

14. INFORMANT (Address) M. J. Davis
Jefferson City Mo

15. FILED 8/21 1929 S. W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1929, to Aug 20, 1929, that I last saw h. live on July 19, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

LoCo-Motor ataxia

80 7 12 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. W. Bedford, M. D.
8-22, 1929 (Address) Jcms

*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 Haverly Mo DATE OF BURIAL 8/21/1929

20. UNDERTAKER Willis Bros ADDRESS Haverly Mo.

K. 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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1783 J.E.
1794 ET
3142 H.J.