

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

Do not use this space.

38119

**1. PLACE OF DEATH**

County Randolph  
Township Cairo  
City (No. ....) (St. ....) (Ward ....)

Registration District No. 729  
Primary Registration District No. 5963

File No. ....  
Registered No. 9

**2. FULL NAME** Nannie Mable Edwards

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

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5<sup>th</sup> 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	50	5	12	

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) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Edward Dollard

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

12. MAIDEN NAME OF MOTHER Fannie Reynolds

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1929, to Nov 17, 1929, that I last saw him alive on Nov 17, 1929, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Atherosclerosis

460 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Heart Failure (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED X  
IF NOT AT PLACE OF DEATH, .....  
9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS .....  
(Signed) John P. Allen, M. D.  
11-18<sup>th</sup>, 1929 (Address) Cairo 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.

14. INFORMANT Walter Edwards (Address) RED Cairo Mo

15. SIGNED Dr. J. P. Allen REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly, Mo DATE OF BURIAL 11-18<sup>th</sup> 1929

20. UNDERTAKER Mahan and Son ADDRESS Moberly Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN should state whether known or carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state whether known or carefully supplied.

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235

PARENTS

INFORMANT

SIGNED

Wm. J. O'Brien