107

EC 23 1929

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

Do not use this space.

39448

1. PLACE OF DEATH

County: Texas — Registration District No. 1171 — File No.

Township: Jackson — Primary Registration District No. 6145 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: William Edwards

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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: Margaret Hanna Edwards

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 5 1855

7. AGE: 74 YEARS — MONTHS: 3 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Ellisville
(STATE OR COUNTRY): Ind

PARENTS

10. NAME OF FATHER: Andrew J. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Elizabeth Starns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind

14. INFORMANT: Chas. Edwards
(Address): Raymondville, Mo

15. FILED 11/14, 1929. Mrs John S Holt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 14 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to Nov 14, 1929, that I last saw him alive on Nov 12, 1929, and that death occurred, on the date stated above, at 12.40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hyperatrophic Cirrhosis of Liver

12 40

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

CONTRIBUTORY (SECONDARY): 12 2 31

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) W. F. Herron, M. D
Nov 14, 1929 (Address) Houston, 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: Allen Cemetery — DATE OF BURIAL: Nov 15 1929

20. UNDERTAKER: Wm McColgin — ADDRESS: Raymondville Mo

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.