

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

Do not use this space.

**1576**

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper No. 111

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Betty Jane 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)**

Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 31 - 1925

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>4</u>	<u>4</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(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)**

Joplin Mo

**10. NAME OF FATHER**

John E Edwards

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

Jasper

**12. MAIDEN NAME OF MOTHER**

Mary F. Hoskey

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

Mo

**14. INFORMANT (Address)**

Mrs Mary Francis Clark

**15. FILED**

1/9 1930 A. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 7 1930

I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to Jan 8 1930 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:30 PM m.

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

Cerebral abscess of brain  
7 3/4  
13A (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

due to pyemia (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**18 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) W. H. Sweet M.D.

1930 (Address) Joplin 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**

Joplin Mo

**DATE OF BURIAL**

1/9 1930

**20. UNDERTAKER**

Thurlock and Co. Joplin Mo

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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