APR 28 1930

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

Do not use this space.

8185

1. PLACE OF DEATH

County Cooper — Registration District No. 226 — File No. 68

Township Clarks Fork — Primary Registration District No. 5307 — Registered No. 68

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

2. FULL NAME Sarah Margaret 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 75 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): widowed

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF R. P. Edwards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 - 1855

7. AGE: Years 75 — Months — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Missouri

PARENTS

10. NAME OF FATHER Alexander Rex
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Elizebeth Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs W. A. Hurt
(Address) Prairie Home Mo

15. FILED ~~3-18-30~~ ~~A. L. Meredith~~ Mar. 25, 1930 J. W. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 3 - 10, 1930, to 3 - 17, 1930, that I last saw her alive on 3 - 17, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia - Lobar

100

(duration) 1 yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 101a

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. L. Meredith, M. D

, 19 (Address) Prairie Home 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: Pisgah Baptist Cem — DATE OF BURIAL: 3 - 19 1930

20. UNDERTAKER: C. Albert Hornbeck — ADDRESS: Prairie Home 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.