

APR 30 1930

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

Do not use this space.

9909

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. _____

Township _____

Primary Registration District No. 3034

Registered No. 299

City Moberly

(No. McCormick Hospital)

St. _____ Ward _____

2. FULL NAME

Infant child of Ray Morton 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 22 min.

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) Moberly

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ray Morton Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jacksonville

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Helma Nelson Gett

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

14. INFORMANT Mr. Ray Edwards

(Address) Moberly Mo

15. FILED Mar 16 1930 Dr. J. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1930

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1930, to March 16, 1930 that I last saw him alive on March 16, 1930, and that death occurred, on the date stated above, at 1:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown lived 1 1/2 hrs & never breathed only by artificial respiration!

2000 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 205B (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? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) T. L. McCormick, M. D.

(Address) Moberly Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Mo

DATE OF BURIAL Mar 16 1930

20. UNDERTAKER Mahan & Son

ADDRESS Moberly Mo

R. E.—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.

