MAY 20 1930

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

Do not use this space.

15125

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 6762 — Registered No. 96
City — (No. , St. Ward)

2. FULL NAME Jno. H. Edwards
(a) Residence. No. State Hospital #3 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. 16 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: Nancy Edwards

6. DATE OF BIRTH (MONTH, DAY AND YEAR): ? 1851 - ?

7. AGE: Years 79-? Months ? Days ? If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Com. laborer
(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): Ill.

PARENTS
10. NAME OF FATHER: Thos. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Susan Harrington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill.

14. INFORMANT: Mrs. Fannie Cable
(Address) 805 W. Main, Sedalia Mo

15. FILED 5/8/1930 E. R. King, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1930, to Apr. 23, 1930 that I last saw him alive on " " 1930, and that death occurred, on the date stated above, at 7-45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930
97
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(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? Clinical
(Signed) J. J. O'Dell, M. D
Apr. 23 1930 (Address) Nevada 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: Hospital Cemetery — DATE OF BURIAL: Apr. 24 1930

20. UNDERTAKER: Allen O'Hays — ADDRESS: Nevada 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.