

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

Do not use this space.

20321

**1. PLACE OF DEATH**

County Folk  
Township Union  
City RH Edge (No. ...., St. .... Ward)

Registration District No. 700  
Primary Registration District No. 6349

File No. 7  
Registered No. ....

**2. FULL NAME** RH Edge

(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 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 Rizziah Edge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 - 57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73      4      21

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) (STATE OR COUNTRY) Cedar Rav MO

10. NAME OF FATHER William Edge

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

12. MAIDEN NAME OF MOTHER Mary Hogan

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

14. INFORMANT Rizziah Edge (Address).....

15. FILED June 19 30 E E Moore REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to June 6, 1930 that I last saw him alive on June 6, 1930, and that death occurred, on the date stated above, at 6:30 m.

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

829  
Cerebral Hemorrhage  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) W.A.  
(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 W.S. Myers, M. D.  
(Signed).....

June 7 - 1930 (Address) Adrich, 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 Shady Grove DATE OF BURIAL June 7 1930

20. UNDERTAKER Hutchison Blue ADDRESS Bolivar

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.

JUL 4 1930

