

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

Do not use this space.

22412

1. PLACE OF DEATH

County Deer
Township North Deer
City Sligo Mo (No. _____)

Registration District No. 266
Primary Registration District No. 5377

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

Sabra 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Washington Co Mo

10. NAME OF FATHER

Walter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER

Patience Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

14. INFORMANT

(Address) Mrs O T Key
Sligo Mo

15. FILED

7/2 1930 U.E. Ruld REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1928 to July 1 1930 that I last saw her alive on June 24 1930 and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Valvular disease of heart

92A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

90A (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. B. Parker M. D.
, 19 (Address) Steuville 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

DATE OF BURIAL

Sligo cemetery 7/2 - 1930

20. UNDERTAKER

ADDRESS

L J Jonas Steuville 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.

DEPARTMENT RECORD

261930

