

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

Do not use this space.

26930

1. PLACE OF DEATH

County Jackson Registration District No. 333
Township Kaw Primary Registration District No.
City Kansas City (No. Lakeside Hospital)

File No. 3549
Registered No. 3549
St. Ward

2. FULL NAME Ethel Lorraine Edwards

(a) Residence No. Lexington Road & Independence Ave. Ward. Independence, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>8</u>	<u>7</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer) NONE
(c) Name of employer NONE

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harold C. Edwards

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

12. MAIDEN NAME OF MOTHER Lama Teeters

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

14. INFORMANT Mrs. H.C. Edwards
(Address) Independence Missouri

15. FILED 8/28 1930 M.M. Grove
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 21st 1930 to Aug. 28 1930 that I last saw her alive on Aug. 28th 1930 and that death occurred, on the date stated above, at 1:05 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

peritonitis acute diffuse
121A
122
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Appendicitis, Gangrenous ruptured
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 21st 1930
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? usual clin. + Lab.
(Signed) Alfred E. Linnell, M.D.

8-2 F. 1930 (Address) 612 Chambers Bldg.

*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 Mt. Moriah DATE OF BURIAL Aug. 29 1930

20. UNDERTAKER Stahl's Funeral Home ADDRESS Indep. 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.

