

DEC 22 1930

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

Do not use this space.

33393^a

1. PLACE OF DEATH

County Lafayette
Township Boon
City Higginsville (No. _____) (St. _____ Ward)

Registration District No. 460
Primary Registration District No. 3623-B

File No. _____
Registered No. 97

2. FULL NAME Lizzie 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female Black

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Edwards

7. DATE OF BIRTH (MONTH, DAY AND YEAR) 1871

8. AGE 59 YEARS MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House duties
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lafayette Co. (STATE OR COUNTRY)

10. NAME OF FATHER Charley Order

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

12. MAIDEN NAME OF MOTHER Nellie

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

14. INFORMANT Mrs. F. V. Williams (Address) 106 W Washington

15. FILED _____ 19 10-20-30 Oklahoma City Bessie P. Postell REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2 1930 to Oct 17 1930 that I last saw him alive on Oct 14 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Geo Colitis chr.

120B
87B (duration) 3 yrs. 3 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Paralysis Aetiana (duration) many yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____ AND AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) W. Koppert, M. D.

Oct 18 1930. (Address) Higginsville 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 _____

South of Higginsville 10/20 1930

20. UNDERTAKER Adadur Higginsville Mo. ADDRESS _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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