

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

Gilham
Do not use this space.

35683

DEC 22 10 57 AM '30

1. PLACE OF DEATH
 County Coles Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Betty Ann Edgan
 (a) Residence No. 1155 Jefferson 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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>3</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Edgan
 (STATE OR COUNTRY) Mo.

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

12. MAIDEN NAME OF MOTHER Viola Sachs
 (STATE OR COUNTRY) Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo.

14. INFORMANT Charles Edgan
 (Address) 1455 Jefferson St.

15. FILED 12/9 1930 Jefferson City, Mo. REGISTRAR W. E. Edgan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-6 1930, to 11-19 1930, that I last saw her alive on 11-19, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-Enteritis
119B
107A
 (duration) yrs. mos. ds. _____

CONTRIBUTORY (SECONDARY) Pneumonia
 (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
 WAS THERE AN AUTOPSY? no.
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) G. W. Gilham M. D.
11/20 1930 (Address) Jefferson City, 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 Riverview Cem DATE OF BURIAL 11-21 1930

20. UNDERTAKER Wymore Gordon ADDRESS J. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important.

