

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

Do not use this space.

38302

1. PLACE OF DEATH

County Texas
Township Jackson
City Raymondville

Registration District No. 1171
Primary Registration District No. 0045

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Sadie Anne Edwards

(a) Residence, No. _____ St., _____ Ward, _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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 OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>6</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) Raymondville, Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Churchill Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Raymondville, Mo

12. MAIDEN NAME OF MOTHER Bluma Miles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Pike Co., Mo

14. INFORMANT Churchill Edwards
(Address) Raymondville

15. FILED 11/14 1930 Mrs. John S. Holt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1930

17. I HEREBY CERTIFY That I attended deceased from Nov 7, 1930 to Nov 13, 1930 that I last saw her alive on Nov 10, 1930, and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous meningitis
320 1240
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

18 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M.D. Harrison, M. D.
Nov 14, 1930 (Address) Houston, 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 Alless Cemetery DATE OF BURIAL 11/14 1930

20. UNDERTAKER Gaylord Elliott ADDRESS Carroll 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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS THIS IS A PERMANENT RECORD

FILED 11/14 1930

