

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

Do not use this space.

1202

1. PLACE OF DEATH

County Jackson Registration District No. 258
 Township Kearney Primary Registration District No. 258
 City Kansas City (No. Kansas City General Hosp. St. 161 Ward 161)

File No. 33
 Registered No. 33

2. FULL NAME

Eula Edwards
 (a) Residence. No. 2728 Wenzel St. 161 Ward 161
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 18 - 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>1</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (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)

Kansas City, Mo.

10. NAME OF FATHER

John S. Mers

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

Mo.

12. MAIDEN NAME OF MOTHER

Melley Phillips

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

Mo.

14. INFORMANT (Address)

Deena Clark
K. C. General Hosp.

15. FILED

Jan 4 1931 M. M. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1930 to Jan. 2 1931 that I last saw him alive on Jan. 2 1931, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the gall bladder

CONTRIBUTORY (SECONDARY)

4/6/6 (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D.

1-2 1931 (Address) Subt 7 K C Gen. Hosp

*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

Not known Jan 5 1931

20. UNDERTAKER

ADDRESS

Rose & Anderson 154 Jackson

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

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.

