M.

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

Do not use this space.

11219

1. PLACE OF DEATH
County Ray — Registration District No. 744 — File No.
Township Richmond — Primary Registration District No. 3035 — Registered No. 27
City Richmond (No. ..... St. ..... Ward)

2. FULL NAME John H. 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)
M.	Wh.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	6	5	

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

9. BIRTHPLACE (CITY OR TOWN) Norfork
(STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER W. O. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Anne Burk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Burk Rust
(Address) Grain Valley Mo.

15. FILED Mar 24, 1931 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-14, 1931, to 3-15, 1931 that I last saw him alive on 3-15, 1931 and that death occurred, on the date stated above at 3/15 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 P
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ——
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ——
DID AN OPERATION PRECEDE DEATH? —— DATE OF ——
WAS THERE AN AUTOPSY? ——
WHAT TEST CONFIRMED DIAGNOSIS? ——
(Signed) E. T. McFaugh, M. D.
, 19 (Address) Richmond 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
City Cem.	3-17-31 19
20. UNDERTAKER	ADDRESS
C. M. Joiner	Richmond 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.

APR 25 1931