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.

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

Do not use this space.

14150

1. PLACE OF DEATH

County Jackson — Registration District No. 329 — File No. 1659

Township Kan — Primary Registration District No. 1002 — Registered No.

City K.C. Mo. (No. Wheatley Provident Hosp. St. Ward)

2. FULL NAME William J. Edwards

(a) Residence. No. 2110 E. 13th Str. St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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)
Male	negro	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	9	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pullman Porter
(b) General nature of industry, business, or establishment in which employed (or employer) 545
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Seales
(STATE OR COUNTRY) Ala. 2

PARENTS

10. NAME OF FATHER Robert H. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seales
(STATE OR COUNTRY) Ala.
12. MAIDEN NAME OF MOTHER Julia Mae Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Seales
(STATE OR COUNTRY) Ala.

14. INFORMANT Louise Groves Sister
(Address) 2110 E. 13th Str. K.C. Mo.

15. FILED 4/9, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-6-1931

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 6, 1931 that I last saw him alive on April 3, 1931, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
121A
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ruptured Gangrenous Appendix (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH California
DID IN OPERATION PRECEDE DEATH? Yes DATE OF April 3rd 1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & Lab.
(Signed) W. H. Bruce, M. D.
4-8-1931 (Address) 1518 E. 18th St.

*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
Blue Ridge Lawn Cem	4-9-31 19
20. UNDERTAKER	**ADDRESS**
Flynn & Greenstreet	K.C. Mo.