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.

14316

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1833
Township Kaw — Primary Registration District No. 1002 — Registered No. 1833
City Kansas City (No. Bliss apt 1001 E 11 St. Ward)

2. FULL NAME Mrs Ida Anna Edwards
(a) Residence. No. Bliss apt 1001 E 11 St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
54	11	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 2[illegible]
(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) Illinois 2

PARENTS
10. NAME OF FATHER Samuel. N. Stidham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary. J. Cornelison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Weldon. W Edwards (Address) Bliss appts

15. FILED 4/20, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1931 Saturday

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, jumped from window in her home

169 (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) 169 (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection
4/18, 1931 (Signed) Stanley M Hall, M. D (Address) Deputy Coroner

*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: Memorial Park — DATE OF BURIAL: 4-27 1931

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: K. C. Mo