

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

Do not use this space.

P6891

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

Mary Margaret Edson
(a) Residence, No. 307 West St. 1 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 8 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 1930</u>		
7. AGE YEARS <u>1</u> MONTHS <u>6</u> DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada Mo 1</u>		
FATHER	13. NAME <u>Fred Edson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humbolt Kansas 2</u>	
MOTHER	15. MAIDEN NAME <u>Lulu Franz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kalla Missouri 1</u>	
17. INFORMANT <u>Fred Edson</u> (ADDRESS) <u>Nevada Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>More Cem</u> DATE <u>4/10 1931</u>		
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada Mo</u>		
20. FILED <u>6/2/31</u> 19 <u>31</u> <u>E. P. King</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1931, to Apr 15 1931
I last saw her alive on Apr 14 1931. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
107A
158 1070
Other contributory causes of importance:
Under Nutrition

Date of onset
about Apr 12

Since Birth

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W.S. Love, M. D.
(Address) Nevada, Mo

ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS & CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

