

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

Do not use this space.

28887
74

1. PLACE OF DEATH

County Montgomery Registration District No. 592
Township _____ Primary Registration District No. 4350
City Montgomery (No. _____) St. _____ Ward _____

2. FULL NAME Carrie Edwards

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 th 1886
7. AGE YEARS 44 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Montgomery City Mo
(STATE OR COUNTRY)

FATHER 13. NAME Felix Howard
14. BIRTHPLACE (CITY OR TOWN) Un Known
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Johnson
16. BIRTHPLACE (CITY OR TOWN) Williamsburg Mo
(STATE OR COUNTRY)

17. INFORMANT Joseph Edwards
(ADDRESS) 1911 Belmont St. Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery Mo DATE 8/12/31 19

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED Sept 8 1931 D. J. Beutley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/31, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to Aug - 10, 1931
I last saw him alive on Aug - 10, 1931. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart disease, Mitral and Aortic insufficiency, myocarditis, and hypertrophy
HTA
Other contributory causes of importance: Nephritis, interstitial

Name of operation None Date of _____
What test confirmed diagnosis? Phys. Ex. 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) Bull Mewflee, M. D.
(Address) Montgomery City, Mo.

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.

SEP 24 1931

