

Dr. Spill 1
Liberal Mo

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

Do not use this space.

1. PLACE OF DEATH

County Boston
Township Agark
City (No. _____) _____

Registration District No. 41
Primary Registration District No. 5042

File No. 30485
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Helma Elizabeth 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 27

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) Mulbury R.R. 3 Mo.

13. NAME Beulson Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Mo

15. MAIDEN NAME Usaled May Swift

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo

17. INFORMANT (ADDRESS) Beil Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Mo DATE 9-7 1931

19. UNDERTAKER (ADDRESS) Cleweth

20. FILED 9/10 1931 F.R. Spill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Bacterial Hemorrhage Date of onset 9-6-31

1600
1600
1600

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? _____

If so, specify _____

(Signed) G.M. Keeny (Coroner)

(Address) Loma, Mo.

SEP 21 1931

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD BY THE JURY

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