

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

Do not use this space.

34312 2

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. 101) Independence St. _____ Ward)

File No. _____
 Registered No. 360
 St. _____ Ward)

2. FULL NAME

Park A. Edwards
 (a) Residence, No. Cottage 9, Farmmount Park 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Amusement Operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmmount Park
 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) Burns Springs West Virginia

13. NAME John Carlos Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M^c Connellsville Ohio

15. MAIDEN NAME Sarah A. M^c Kay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M^c Connellsville Ohio

17. INFORMANT (ADDRESS) John Carlos Edwards Cottage 9-Farmmount Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Pavenswood West Virginia 10-4-31

19. UNDERTAKER (ADDRESS) Crown Funeral Home Independence Mo

20. FILED Oct. 30, 1931 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Oct 29, 1931
 I last saw him alive on Oct 29, 1931. Death is said to have occurred on the date stated above, at 1150a.m.

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

Abscess Luri
Portal Phlebitis
Chalithiasis
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? W.D. Was there an autopsy? yes

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?
 If so, specify _____

(Signed) J. L. Cook, M. D.
 (Address) 10207 Indep Ave. KCMO

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.

NOV 20 1931

