

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.

APR 23 1932

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

Do not use this space.

5047

1. PLACE OF DEATH
48 County Jackson Registration District No. 400
Township Prairie Primary Registration District No. 5553B
City Little Blue, Mo. Jackson County, Mo. St. _____ Ward _____

2. FULL NAME Mary Edmunds
(a) Residence, No. 1503 Cottage St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unk.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS MONTHS DAYS
age abt 68 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Don't know 31

MOTHER FATHER
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT Bessie Gibson
(ADDRESS) 1704 S. 4th

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 2-29-32

19. UNDERTAKER Thom + Greengard
(ADDRESS) 1819 E. 15th St.

20. FILED 2-22- 1932 William Thells
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 17, 1932
I last saw him alive on Feb 17, 1932 Death is said to have occurred on the date stated above, at 8:30 P.M. 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
92A D 820
Other contributory causes of importance:
9
Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's 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?
If so, specify _____
(Signed) L. W. Berber, M. D.
(Address) 12200 Vine St.

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