

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

Do not use this space.

7722

1. PLACE OF DEATH

County Cedar
Township Jackson
City Jackson (No.)

Registration District No. 163
Primary Registration District No. 523D

File No.
Registered No. 37
St. Ward)

2. FULL NAME Missouri Demby Edge

(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		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26, 1859				
7. AGE YEARS 73	MONTHS	<table border="1"> <tr> <td>DAYS 20</td> <td>IF LESS than 1 day, hrs. or min.</td> </tr> </table>	DAYS 20	IF LESS than 1 day, hrs. or min.
DAYS 20	IF LESS than 1 day, hrs. or min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Dade Co., Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Martin Edge
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee <u>2</u>
	12. MAIDEN NAME OF MOTHER Sarah J. Killingsworth
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Alex Headley
(Address) Stockton, Mo.

15. FILED April 29 1932 E. S. Smith
Mary Boyless REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 16, 1932** 19
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to Mar. 16, 1932 that I last saw her alive on Mar. 11, 1932, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Cerebral
8/1/32
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) J. W. A.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF ①
WAS THERE AN AUTOPSYT

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. A. Samsell, M. D.
3-16-1932 (Address) Stockton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lindley Prairie	DATE OF BURIAL Mar. 17 1932
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20. UNDERTAKER W. C. Davis & Company	ADDRESS Stockton
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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 25 1932

