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.

MAY 25 1932

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

Do not use this space.

12990

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township Mineral — Primary Registration District No. 3201 — Registered No. 41

City Webb City (No. ..... St. ..... Ward)

2. FULL NAME Nancy Jane Edwards

(a) Residence, No. 123 Jefferson St., ... Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1852

7. AGE: YEARS 79 — MONTHS 11 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 130
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93
10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louise, Ky.

FATHER

13. NAME: Wm. Berry,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): James A. Edwards, Emporia, Ks.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Purcell Cemetery DATE April 27, 1932

19. UNDERTAKER (ADDRESS): Truell Mortuary, Carthage

20. FILED 4/26, 1932 R. M. Stormont, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1932 to April 26, 1932

I last saw her alive on April 26, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Thrombosis of left femoral artery with resulting Toxemia — Date of onset: April 24 32

Other contributory causes of importance: Chronic myocarditis, Chronic parenchymatous nephritis

Name of operation: None — Date of: ✓

What physical exam confirmed diagnosis? Urinalysis — 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) James A. O'Brien M. D.

(Address) 411 N. Penn Ave. Webb City Mo