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.

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

Do not use this space.

17569

File No.

Registered No. 4482

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1035

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Maggie Edwards

(a) Residence, No. 3428 Walnut St., 18 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-10-1887

7. AGE: YEARS 45 | MONTHS 3 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Hwk 235

10. Date deceased last worked at this occupation (month and year): Dec

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: Dan Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Jennie Thornton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL: PLACE Washington Pk DATE 5/9 1932

19. UNDERTAKER (ADDRESS): Gates 4107 Finney Ave.

20. FILED MAY 7 1932 19 Max C Barkley Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-6-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1932, to 5-6-, 1932

I last saw her alive on 5-6-, 1932. Death is said to have occurred on the date stated above, at 3:05 a.m.

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

	Date of onset
Strangulated umbilical	6 days
118 Hernia	
78	
122A	

Other contributory causes of importance:

Fibromyoma of Uterus (malignant)	5 years

Name of operation ..... Date of 5-5-32

What test confirmed diagnosis? Laparotomy 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) Henry E Hampton, M. D.

(Address) City Hospital #2