

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.

CT 28 1932

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

Do not use this space.

30067

1. PLACE OF DEATH

County Putnam Registration District No. 689  
Township Putnam Primary Registration District No. 3033  
City Lawrence (No. 1509 2nd St.) St. 4 Ward

2. FULL NAME America L Edwards

(a) Residence, No. 1509 Georgia St. 4 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 02 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri of All Edwards  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1897  
7. AGE YEARS 85 MONTHS 7 DAYS 28 IF LESS THAN 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Widow & House Keeper  
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) on Gray Creek  
(STATE OR COUNTRY) Lake Co Mo

13. NAME Adam Lindsey

14. BIRTHPLACE (CITY OR TOWN) 31  
(STATE OR COUNTRY)

15. MAIDEN NAME Nancy Prading

16. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

17. INFORMANT Miss Ruth Edwards  
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried in Lake Co Mo DATE Sept 14 1932

19. UNDERTAKER W. J. Bude  
(ADDRESS) Louisiana Mo

20. FILED 9-14-32 P. O. B. 1996  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13/32

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 1932 to Sept 13/32 1932.  
I last saw him alive on Sept 13/32 1932. Death is said to have occurred on the date stated above, at 1245 10 m  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic myocarditis  
93C  
97  
1/2  
Other contributory causes of importance: Senility  
Date of onset

Name of operation None Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 None  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. M. O. B. 1996 M. D.  
(Address) Louisiana Mo.

