

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

Do not use this space.

32525

1. PLACE OF DEATH

County Jackson
Township Raw
City Kenosha City (No. 2316 Troost)

Registration District No. 392
Primary Registration District No. 1000

File No. 4050
Registered No. 4050
St. _____ Ward _____

2. FULL NAME Edwin J. Over

(a) Residence, No. 2316 Troost 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 Male 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 Maude H. Over

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
53 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) North Hampton 2
(STATE OR COUNTRY) Ohio

13. NAME Madison Over

14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Jane Jenkins

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Maude Over
(ADDRESS) 2316 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 10-31 1932

19. UNDERTAKER William McMillen
(ADDRESS) 3133 E. 12th St

20. FILED 10/30/32 1932 W. M. Over
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19____, to Oct 29, 1932
I last saw him alive on October 29, 1932. Death is said to have occurred on the date stated above, at 3:30 A M.

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

Coronary sclerosis
94B 94A 94C
Other contributory causes of importance: angine pectoris ①
Date of onset Several years ago

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? N

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. H. Taylor, M. D.
(Address) 378 1/2 Harrison St.

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.

