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

Do not use this space.

13075

1. PLACE OF DEATH
County: Hickory
Township: Stark
City: Preston, Mo. St. Ward)

Registration District No. 364
Primary Registration District No. 6608

File No.:
Registered No. 4

2. FULL NAME: Lucella Edde

(a) Residence, No. Preston, Mo. 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: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob Edde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15, 1867

7. AGE: Years 65 | Months 7 | Days 17 | 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.: Housewife
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: N. K. Pope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary Jane Creed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bower Chapel DATE: 4/3 1933

19. UNDERTAKER (ADDRESS): J. M. Lindley, Wheatland, Mo.

20. FILED: April 3, 1933 J. M. Robertson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to April 2, 1933, that I last saw alive on March 26, 1933. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Chronic nephritis of Eyes	
Chronic Kidneys	Oct 1922
30	
31	
32	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Mayo Clinic 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) L. A. Alosco, M. D.
(Address) Hamilton, Mo.

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 21 1933