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

Do not use this space.

24986

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6403

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

2. FULL NAME Irene Edgar

(a) Residence, No. Lakewood Ave. St. 17 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: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm R. Edgar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8 1892

7. AGE: Years 41 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

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): St Louis Mo

FATHER

13. NAME: Edmund Foore

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

MOTHER

15. MAIDEN NAME: Lucilla Norman

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

17. INFORMANT (ADDRESS): Wm R. Edgar Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL: PLACE Memorial Park DATE July 24, 1933

19. UNDERTAKER (ADDRESS): Wm T. Kinder & Son 1223 Olive St

20. FILED ..... 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1933 to 7-22-, 1933

I last saw her alive on 7-22-, 1933. Death is said to have occurred on the date stated above, at 30 m.

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

	Date of onset
Diffuse genl. peritonitis	
due to ruptured gastric	
ulcer	

Other contributory causes of importance: 124

Name of operation: Laparotomy Date of: 7-22-33

What test confirmed diagnosis? Operation 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) Robt Hyland, M. D.

(Address) 3401 Parkman

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.

WRITE PLAINLY, WITH GRAPHITE INK—THIS IS A PERMANENT RECORD

AUG 26 1933