

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township _____
City Carthage

Registration District No. 408
Primary Registration District No. 3020

File No. 29974
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lula Kivler Edwards

(a) Residence No. Route 7, Carthage, 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Edwards

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1899

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
<u>34</u>	<u>3</u>	<u>16</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jasper County Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J. H. Sivler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Purtle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT John P. Edwards
(Address) Carthage Mo. Route 7

15. FILED Sept 13, 1933 S. P. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Sept 3 (1933)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3, 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933 to Sept 3, 1933, that I last saw him alive on Sept 3, 1933, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Superior Mesenteric Thrombosis
Intestinal obstruction

1933 (duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) 99% (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Carthage Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 30, 1933

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Operative findings
(Signed) George H. Wood M. D.
, 19 (Address) Carthage Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oudman Cemetery DATE OF BURIAL Sept 3, 1933

20. UNDERTAKER Knell Mortuary ADDRESS Carthage Mo.

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.

SEP 26 1933

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PARENTS

