

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

Do not use this space.

40144

1. PLACE OF DEATH

County Jackson,

Registration District No. 388

File No. _____

Township Kaw

Primary Registration District No. 8003

Registered No. 4949

City N.C. Mo (No. 4942 South Benton)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4942 South Benton St. _____ Ward _____

(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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>88</u>	<u>0</u>	<u>26</u>	

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. _____

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) Pittsburg Pa.

13. NAME David Edwards

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

15. MAIDEN NAME Annie Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mrs. C. D. Foster - 4942 South Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 12-18-1933

19. UNDERTAKER (ADDRESS) Mrs. C. D. Foster - 4942 South Benton

20. FILED Dec. 18, 1933 M. G. Crave Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Dec. 16, 1933

I last saw h. e. alive on Dec. 16, 1933. Death is said to have occurred on the date stated above, at 7 p.m.

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

Chronic Endocarditis of several years duration.

Other contributory causes of importance: Hypostatic pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Annie G. Hedger M. D. O. (Address) 3627 Garfield

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.

JAN 20 1934

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Dr. Anna Hedges
3627 Garfield
Lin 5327.