

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fact statement of OCCUPATION is very important.

MAY 25 1934

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

Do not use this space.

11780

1. PLACE OF DEATH
County ADAIR Registration District No. 4
Township 3001 Primary Registration District No. 3001 File No. 61
City KIRKSVILLE MO (No. 415 N ELLISON ST) St. Ward

2. FULL NAME MATTIE LEE EDWARDS
(a) Residence, No. 415 N ELLISON ST St. 2222 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 CHAS R EDWARDS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 2nd 1869
7. AGE YEARS 64 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
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 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

MOTHER FATHER
13. NAME GEO BROWNING

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

15. MAIDEN NAME DONT KNOW

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

17. INFORMANT Gladys Edwards
(ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MOBERLY MO DATE 19

19. UNDERTAKER Daniel Wilson
(ADDRESS) Perkysville, Mo.

20. FILED April 5 1934 Spencer Sweman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1934, to Apr 4 1934.
I last saw her alive on Apr 4 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

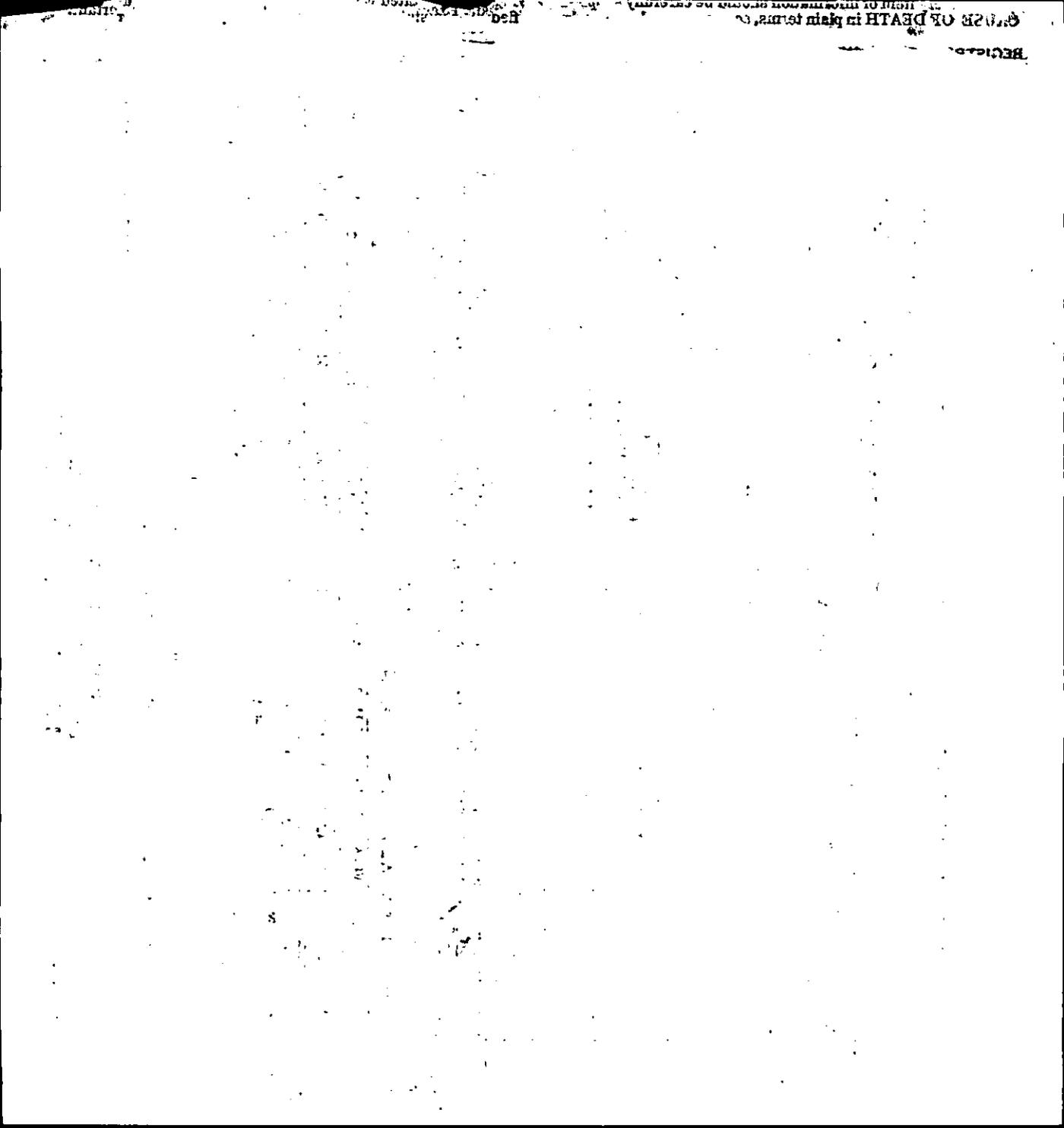
Cerebral Hemorrhage Date of onset
GA 8291

Other contributory causes of importance:
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? no
If so, specify
(Signed) R R Ellis, M. D.
(Address) Kirksville, Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township
City Parisville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 61
St. Ward

2. FULL NAME

Mattie Lee Edwards

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2. 1869

| | | | |
|--------------|----------|----------|--------------------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>64</u> | <u>7</u> | <u>2</u> | |

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.
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)

MOTHER FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death, and related causes of importance were as follows:

Other contributory causes of importance:
Date of onset

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... 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) ... M. D. (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Information should be carefully supplied. If information is not in plain terms, so that it may be properly classified.

PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT.

5-11780