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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 15809

Township: — Primary Registration District No.: 0001 — Registered No.: 560

City: St. Joseph, (No. 3224 Lafayette St. St. Ward)

2. FULL NAME: Lucinda Edwards

(a) Residence, No. 3224 Lafayette St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr, 15, 1859

7. AGE: YEARS 75 — MONTHS 0 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Daviess Co, Mo.

FATHER

13. NAME: William Wineland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Artemesa Hazelrigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana.

17. INFORMANT (ADDRESS): Grant Wineland St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Jamesport Cemetery DATE: May, 12, 1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: MAY 11 1934 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 10, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 10, 1934

I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 9.55 P.M.

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

Cerebral Hemorrhage — Date of onset

May 5 1934

8 J H

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) Dr. J. H. Woodruff, M. D.

(Address) Bartlett Bldg. St. Joseph, Mo.