

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

Do not use this space.

24354

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Jackson Primary Registration District No. 1003
 City Kansas City (No. 12) Calen Hosp KCMO File No. 2123
 Ward

2. FULL NAME

Joie Edwards
 (a) Residence, No. 1709 Charlotte Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. B. Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1934 to 7-1-1934

I last saw her alive on 7-1-1934 Death is said to have occurred on the date stated above, at 7:35 p.m.

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

Chronic Myocarditis with cardiac decompensation

Other contributory causes of importance:
93C
93B 93C

Date of onset

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	13. NAME <u>J Jackson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>Carrie Cheek</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	17. INFORMANT (ADDRESS) <u>Reed Clerk</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fort Smith Ark</u> DATE <u>July 2 1934</u>
	19. UNDERTAKER (ADDRESS) <u>J. W. Jewell</u>
20. FILED <u>July 2 1934</u> M. M. Cronin Registrar	

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) J. W. Jewell, M. D.
7-2-34 (Address) 547 K Calen Hosp

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.

449 2-1 1534

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