

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

Do not use this space.

24775

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kennett Primary Registration District No. _____
City Kennett (No. 29th + Wayne) St. _____ Ward)

File No. _____
Registered No. 5002
St. _____ Ward)

2. FULL NAME:

Roy Edwards
(a) Residence, No. 4407 Harrison 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mk 1892
7. AGE YEARS 42 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer
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) Miss

13. NAME Arnold Edwards

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

15. MAIDEN NAME Margaret Hill

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

17. INFORMANT Marshall J. Edwards
(ADDRESS) 406 W. 2nd St. K.C.

18. BURIAL, CREMATION, OR REMOVAL Westlawn Cemetery
(ADDRESS) KCK 7-25-34 DATE _____ 19____

19. UNDERTAKER Flynn + Greenstreet
(ADDRESS) K.C. Mo.

20. FILED July 24, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1934
22. I HEREBY CERTIFY that I have attended deceased from _____ 19____ to _____ 19____
I last saw him/her 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:
Mitral regurgitation
Fracture of the skull
210M
Other contributory causes of importance: Passenger 210

Name of operation _____ Date of operation _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____ 19____
Where did injury occur _____ (City, town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Automobile
Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Signature]

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.

AUG 21 1934

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