

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

Do not use this space.

1. PLACE OF DEATH

County Max
Township Edina
City Edina (No.)

Registration District No. 441
Primary Registration District No. 4259

File No. 25218
Registered No. 19
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 65 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Cora Love Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1865
7. AGE YEARS 68 MONTHS 7 DAYS 23 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dentist
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) Memphis Mo

13. NAME Ed. J. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown Penn.

15. MAIDEN NAME Mamie Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamstown Mo.

17. INFORMANT (ADDRESS) Charley Brown Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linnell cemetery DATE 7-18-1934

19. UNDERTAKER (ADDRESS) Mrs. F. W. Hudson Edina Mo.

20. FILED July 16, 1934 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1934
22. I HEREBY CERTIFY That I attended deceased from Sept 1933 to July 16 1934
I last saw him alive on July 16 1934 Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal disease
131
9562
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Phys Exam Was there an autopsy? No

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) W. H. Landfather (Address) Edina, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 16 1934

