

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

Do not use this space.

SEP 23 1924

28685

1. PLACE OF DEATH

County Clay Registration District No. 198 96
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. Veterans Hospital St. 3rd Ward

2. FULL NAME CHURCH, Edwin L.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Rich Hill Mo. R. #4
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Hallie Church

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

FATHER 13. NAME Henry Church

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

MOTHER 15. MAIDEN NAME Sarah Serus (?)

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

17. INFORMANT Hospital Records, VAF Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill Mo. DATE 8-6-34

19. UNDERTAKER Herbert Hope, Excelsior Springs Mo.

20. FILED 8-6 19 34 mm Rea M. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-34 19

22. I HEREBY CERTIFY, That I attended deceased from 7-20-34 19, to 8-6-34 19.

I last saw him alive on 8-6-34 19. Death is said to have occurred on the date stated above, at 4:30 AM

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

Aortic stenosis

Date of onset

Other contributory causes of importance:

Pulmonary edema; congestion of liver; spleen; ascites

Name of operation NONE Date of

What test confirmed diagnosis? exam & ob. Was there an autopsy? Yes

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

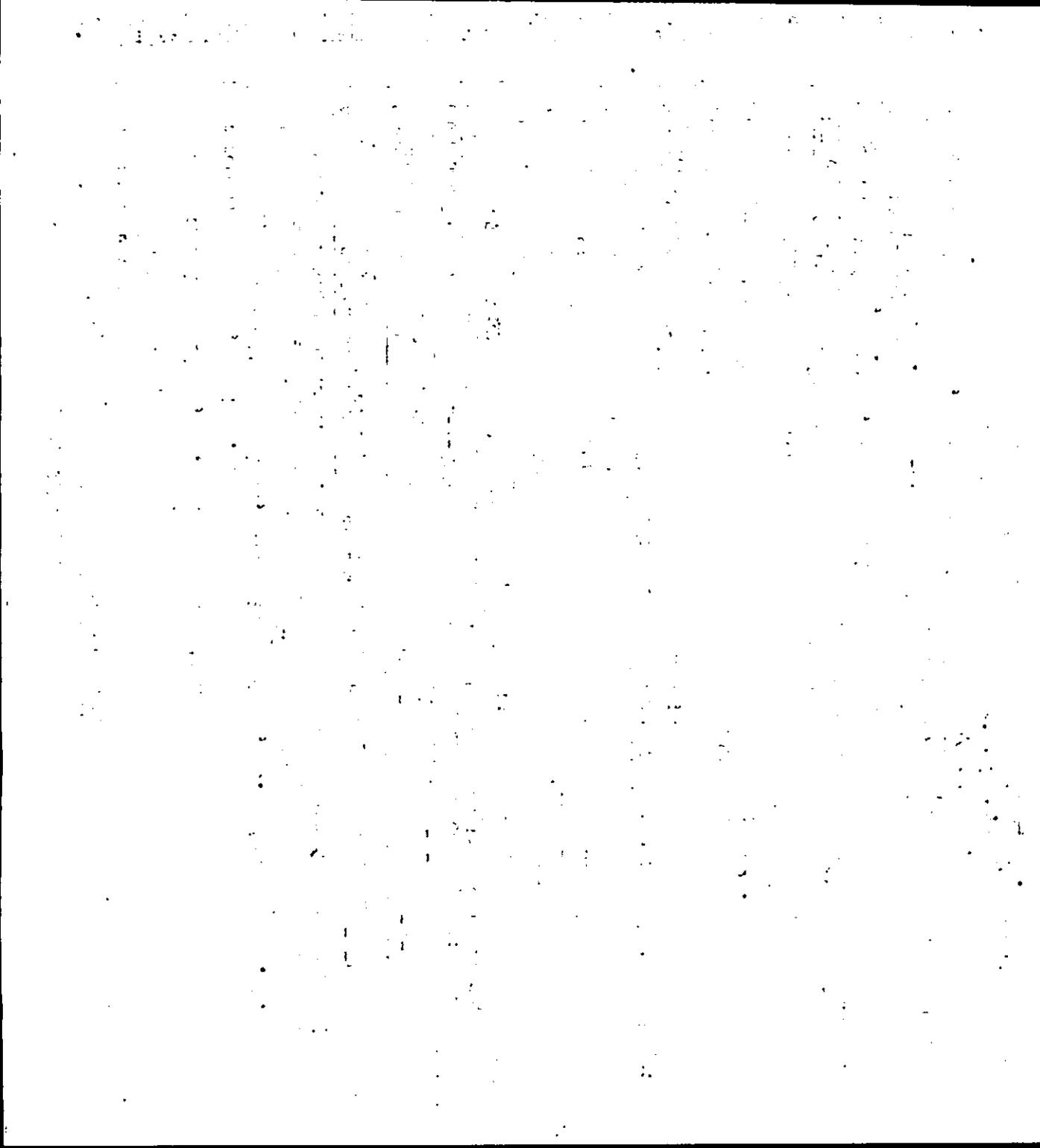
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature] M. D.

(Address) Veterans Hospital Excelsior Springs, 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.



Clay

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
96 Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Church, Edmund B.

Who died at _____ on 8-6-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 47 Months 8 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) North Carolina

Birthplace of father (State or country) _____

Birthplace of mother (State or country) There was no evidence of illegitimacy

Principal cause of death: Congestion was due to decompensated heart

Other contributory causes of importance Pulmonary edema; Congestion of

Name of operation liver, spleen, Date of Autopsy

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar [Signature] Date filed 12-11-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 198

Primary Reg. Dist. No. 3011

Very truly yours,

E. T. McGaugh, M.D.
Special Agent. K.

S-28685