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.

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

FEB 25 1935

Do not use this space.

958

1. PLACE OF DEATH

County: Greene. Registration District No. 318

~~Township~~ ~~Springfield~~ Primary Registration District No. 2001

City: Springfield Mo. No. 225 E Scott St. Ward)

File No.

Registered No. 35

2. FULL NAME Lena Bell Edwards

(a) Residence, No. 225 E Scott St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: House Maid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 16 1873

7. AGE: YEARS 71 MONTHS 1 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mo

FATHER

13. NAME: John W. Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Nas Mack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs. Myrna Edwards 225 E Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE: Dodson City DATE: Feb 1 1935

19. UNDERTAKER (ADDRESS): Floyd W. Fox 129 W Walnut

20. FILED: 2-1 1935 R W Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Jan. 29, 1935

I last saw her alive on Jan. 27, 1935. 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:

	Date of onset
Cerebral Hemorrhage	
8201	

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? .....

If so, specify .....

(Signed) L. M. Cox, M. D.

(Address) 223½ Smith