

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

Do not use this space.

MAY 21 1935

11919

1. PLACE OF DEATH

County Boone

Registration District No. 71

Township Cedar

Primary Registration District No. 5110A

City (No. _____)

St. _____ Ward _____

2. FULL NAME Effie Dora Edwards

(a) Residence, No. Easley Mo Route _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF J. L. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min. 56 2 3

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

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) Boone Co, Mo

13. NAME Elijah SHPP

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo

15. MAIDEN NAME Martha Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo

17. INFORMANT J. L. Edwards (ADDRESS) Easley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn DATE April 16th 1935

19. UNDERTAKER (ADDRESS) A. B. Viclett

20. FILED 5-11 1935 A. G. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1934, to April 15, 1935. I last saw her alive on April 6, 1935. Death is said to have occurred on the date stated above, at 9 P.M.

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

Cardiac decompensation
Cardiac decompensation Date of onset abt. Aug. 15

Other contributory causes of importance:
Cardio-vascular renal disease
Cardio-Vasculay-renal disease

Name of operation None Date of _____
What test confirmed diagnosis: urinalysis etc 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? No

If so, specify _____
(Signed) J. M. Gandy, M. D.
(Address) Columbia 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.

