Aug 17 1935

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

Do not use this space.

22310
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1. PLACE OF DEATH
County: Caldwell
Township: Lincoln
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 95
Primary Registration District No. .....

File No. .....
Registered No. 29

2. FULL NAME Louisa Rebecca Edwards.
(a) Residence, No. ..... 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kenney L. Edwards.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30 1860

7. AGE: Years 74 ~~75~~ Months 9 ~~12~~ Days ~~29~~ 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Carroll County Virginia

FATHER
13. NAME: Andrew Jackson Schyler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Caroline Mathilde Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

17. INFORMANT (ADDRESS): Mrs W. G. Evans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: July 3 1935

19. UNDERTAKER (ADDRESS): Nettie L. Houghlitz Hamilton

20. FILED: July 5 1935 Mrs Ed McCray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935, to July 1 1935
I last saw h. ~~liv~~ alive on June 30 1935. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	June 29.
June 29.	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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. Dailey, M. D.
(Address) Hamilton, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD