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

DEC 26 1935

Do not use this space.

36066

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4239
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Baby Edwards
(a) Residence, No. 10118 East 10th St. St., Ward. Indy, Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1935
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 13 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City, Missouri

FATHER
13. NAME Edgar Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

MOTHER
15. MAIDEN NAME Evelyne B. Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hutchinson Kansas

17. INFORMANT (ADDRESS) Edgar Edwards 10118 E. 10th St. K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 11-12-35, 19
19. UNDERTAKER (ADDRESS) R.V. Lindsey & Sons 3811 Bdway
20. FILED Nov 11, 1935 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1935
22. I HEREBY CERTIFY That I attended deceased from Sydney Crowe, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows: Date of onset
Prematurity
Intracranial Hemorrhage

Other contributory causes of importance: No 159

Name of operation Autopsy 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) , M. D.
(Address)