

FEB 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. St Vincent Hospital)

File No. 49000  
Registered No. 110  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Jerry Monroe Edwards

(a) Residence, No. 1925 Chelsea St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 1/2 hrs. or \_\_\_\_\_ min.

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) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Charles M Edwards

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

15. MAIDEN NAME Ruby Markley

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

17. INFORMANT C. H. Edwards, father (ADDRESS) 1925 Chelsea

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville Mo. DATE Sept 11, 1936

19. UNDERTAKER Melody McGilley (ADDRESS) Kansas City, Mo.

20. FILED Sept 10, 1936 M. M. Cron Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw Dr. Ellman Mals live on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:00 p. m.

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

Intra-cranial damage  
traumatic tear.

Date of onset

Other contributory causes of importance:

Prolonged breech presentation in a primipara - long head labor

Name of operation Extraction Date of 9-10

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) R. B. Shuler, Jr.; M. D.

(Address) 1103 Grand Avenue

