MAR 5 - 1937

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

Do not use this space.

791

8550

1003

2005

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4338a Cook Ave., St. ..... Ward)

File No. 8550

Registered No. 2005

2. FULL NAME Irene Diggs White Edwards

(a) Residence, No. 4338a Cook Ave., St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Abt. 55			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Home

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) Tipton Missouri

FATHER

13. NAME Joseph Owens

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

MOTHER

15. MAIDEN NAME Hannie Emory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri

17. INFORMANT (ADDRESS) Mattie Lee Johnson 4338a Cook Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Warrensburg, Mo. DATE 2/16/37 19

19. UNDERTAKER (ADDRESS) T. S. Tade Und. Co., 4202 Finney Ave.

20. FILED FEB 16 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 m.

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

	Date of onset
Bilateral Lobar Pneumonia, Septicemia, Multiple Abscess, Right Kidney, Osteomyelitis of right foot & ankle	

Other contributory causes of importance:
received in collision between two automobiles, 40 miles west of St. Louis, Mo.
Deceased was a passenger in auto

Name of operation ..... Date of .....

What test confirmed diagnosis? Accident Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 2/10, 1937

Where did injury occur? 40 Miles West of St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision two autos

Nature of injury Bilateral Lobar Pneumonia

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. A. Medlyn M.D.

(Address) Coroner

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.

899

William [illegible]