MAY 17 1937

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

Do not use this space.

File No. 15565

Registered No. 8

1. PLACE OF DEATH
County: Andrew
Township: Platt
City: (No. , St. Ward)
Registration District No. 15
Primary Registration District No. 3819

2. FULL NAME: Phebe Edwards
(a) Residence, No. Platt Township 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wd

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 - 1848

7. AGE: YEARS 88 MONTHS 8 DAYS 25 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): Nodaway Mo

FATHER
13. NAME: David Harrier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Nancy unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Eli Edwards
(ADDRESS): Rea R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Whitesville DATE: 4 - 22 1937

19. UNDERTAKER: E. B. Breif
(ADDRESS): Savannah Mo

20. FILED April 22 1937 Mrs E C Jeffries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1936, to April 20 1937
I last saw her alive on April 20 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Old age	

Other contributory causes of importance: Bronchial pneumonia

Name of operation: Date of:
What test confirmed diagnosis? — 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) Dr. E. M. Reynolds, M. D.
(Address) Union Star 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.