

JAN 17 1938

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

Do not use this space.

44354

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1003
City Kans. City, Mo (No. 111 Tuberculosis Hosp.) St. _____ Ward _____

File No. _____
Registered No. 5257

2. FULL NAME

Edwards, William

(a) Residence, No. no address St. _____ Ward _____
(Usual place of abode) 1417 Brooklyn (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 11 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Texas

13. NAME Andrew Edwards

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

15. MAIDEN NAME Susie ?unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? unknown

17. INFORMANT K. S. T. B. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12-28-37

19. UNDERTAKER (ADDRESS) Weyle Bros

20. FILED Dec 28 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1937, to 12/17, 1937

I last saw h.i.m. alive on 12/17, 1937. Death is said to have occurred on the date stated above, at 10:47 pm.

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

Pulmonary tuberculosis
23

Other contributory causes of importance: _____
Name of operation none 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? _____
If so, specify _____
(Signature) M. M. Brown (Address) Kansas City, 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.

