

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.

REC'D OCT 15 1938

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

Do not use this space.

31278

1. PLACE OF DEATH *Jackson* 1
 County *Jackson* 2, Registration District No. *399*
 Township *Kansas City* Primary Registration District No. *1097* File No. _____
 City *Kansas City* (No. _____) *Research Hospital* Registered No. *3575* St. _____ Ward _____

2. FULL NAME *Harold H. Edenfield 35*
 (a) Residence, No. _____ St. _____ Ward *Edgerton Kas.*
 (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 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 3, 1903*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>35</i>		<i>7</i>	<i>9</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Royal Mail*

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

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) *Gardner, Kans*

FATHER

13. NAME *J. H. Edenfield*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leffers, Mo*

MOTHER

15. MAIDEN NAME *Selen Curtis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Hospital Records, Edgerton Kas*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Edgerton Kas* DATE *Sept. 12, 1938*

19. UNDERTAKER (ADDRESS) *W. Julian Olacher Kas*

20. FILED *Sept 12, 1938* *M. M. Grosse* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept-12-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 11, 1938, to Sept 12, 1938*
 I last saw him alive on *Sept 12, 1938* Death is said to have occurred on the date stated above, at *12:00 m. (noon)*
 The principal cause of death and related causes of importance were as follows:
Medullary compression & occipital lobe brain tumor non-malignant 5th
 Date of onset _____

Other contributory causes of importance: _____

Name of operation *Vertebroplasty + biopsy of tumor* Date of *9-12-38*
 What test confirmed diagnosis? *Biopsy* 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? *No*
 If so, specify _____
 (Signed) *D. Frank Jeckerson, J. V. Berger, Jr. D.*
 (Address) *Professional Bldg, K.C., Mo.*

