

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.

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

Do not use this space.

REC'D OCT 19 1938

1. PLACE OF DEATH

County Clay Registration District No. 148
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. Veterans Administration) St. _____ Ward _____

File No. 153 31977
Registered No. 135

2. FULL NAME EDWARDS, Ivor Elbert

(a) Residence, No. Veterans Administration St. _____ Ward. Nelson, Missouri
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Margaret Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
41 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Garnett, Kansas (STATE OR COUNTRY) _____

FATHER 13. NAME Oliyer H. Edwards

14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mary E. Abor

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) _____

17. INFORMANT Hospital Records (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER Draper Ewing (ADDRESS) Bedford, Md

20. FILED Sept 18, 1938 Hobbs M^cCracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1938 to September 8, 1938
I last saw him alive on September 8, 1938. Death is said to have occurred on the date stated above, at 10:23 a.m.

The principal cause of death and related causes of importance were as follows:
Date of onset 9/6/38

Cardiac Decompensation, due to V.H.D., combined lesion, Aortic stenosis and Mitral incompetence.

Other contributory causes of importance: Sub acute bacterial endocarditis.

Name of operation None Date of _____

What test confirmed diagnosis Exam. & Obs. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) JOHN E. KELLY, M.D., Manager, M. D.

(Address) Veterans Administration
Excelsior Springs, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31977
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Expelssawap Primary Registration District No. 3011
 (c) City Expelssawap (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edwards, Ivoe Elbert
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>9</u>	<u>24</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Udellia Mo DATE Sept 18 1938

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Sept 10 1938 Roscoe McCrecher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938

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 _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John E. Kelley M.D.
 (Address) Udellia Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

