

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

Do not use this space.

23623

1. PLACE OF DEATH

County Johnson
Township Washington
City Washington (No. _____) St. _____ Ward _____

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 149

2. FULL NAME

Margie June Edwards

(a) Residence. No. _____ (Usual place of abode) _____ St., _____ Ward _____ (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1929, to June 26, 1929, that I last saw her alive on June 26, 1929, and that death occurred, on the date stated above, at 8:20 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1875

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sen paralysis of the insane

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 0 23

CONTRIBUTORY (SECONDARY) Convulsions (duration) 2 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Benton Co. Mo. (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

10. NAME OF FATHER Thom Stewart

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Benton Co. Mo. (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) J. T. O'Neil, M. D.

12. MAIDEN NAME OF MOTHER Susan Mary Paul

1926, 1929 (Address) Nevada Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Case Co. Ky. (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT M. J. Edwards (Address) Lowery City Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 6/28 1929

15. FILED 7/9/29 1929 Mo E. R. King REGISTRAR

20. UNDERTAKER Funeral Home Nevada ADDRESS

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.

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1929

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DEPARTMENT RECORD

