

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.

4675

1. PLACE OF DEATH

County Buchanan

Registration District No. 85 1001

File No. 197

Township St. Joseph

Primary Registration District No. No 2nd

Registered No. St. Ward

City (No. 1905)

2. FULL NAME

John Richard Edgar

(a) Residence. No. 1805 North 2d St., Ward. (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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna L. Edgar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5th, 1849

7. AGE

YEARS 81

MONTHS 2

DAYS 14

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). Contractor

(c) Name of employer. Self

9. BIRTHPLACE (CITY OR TOWN) Bowling Green

(STATE OR COUNTRY) Kentucky 2

PARENTS

10. NAME OF FATHER Robert Edgar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Sarah E. Lyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Mrs. E.J. Dieter

(Address) 1805 North 2d Street

15. REGISTRAR John Bender

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 19 19 31

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 19, 1931, that I last saw him alive on Feb. 18, 1931, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
108

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

1 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical exam.  
(Signed) W.T. Bloomer, M. D.

2/18, 1931 (Address) 1218 N. 3rd St. St. Joseph  
\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bowen Cemetery

DATE OF BURIAL

Feb. 20, 19 31

20. UNDERTAKER

St. Michaloff

ADDRESS

1302 Faraon St

