

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

Do not use this space.

9627

1. PLACE OF DEATH

47 County Henry Registration District No. 349  
Township Springfield Primary Registration District No. 5500  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 18

2. FULL NAME Henretta Edwards

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 16 yrs. — mos. — 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) Mar 22 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Mar 22, 1931, that I last saw her alive on Mar 22, 1931, and that death occurred, on the date stated above, at 12:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 - 1886

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 23

Bronchopneumonia  
11 1/2  
10 7/8

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

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. ds.  
18

9. BIRTHPLACE (CITY OR TOWN) Hamden Co. Ill.  
(STATE OR COUNTRY)

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

10. NAME OF FATHER P R Cook

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. J. Pelletier M. D.  
, 19 31 (Address) Calhoun Mo.

12. MAIDEN NAME OF MOTHER E. Sansome

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mich.  
(STATE OR COUNTRY)

14. INFORMANT Mrs Bert Stringer  
(Address) R.F.D. - Clinton Mo.

\*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.

15. FILED 4/24 1931 Mrs A. A. Gray REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL Mar 24 1931

20. UNDERTAKER J. R. Hansey Calhoun Mo. ADDRESS \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MAY 20 1931

