

SEP 22 1931

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

Do not use this space.

28178

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 407 Blue Ridge)

Registration District No. 398
Primary Registration District No. 554

File No. 288
Registered No. 288
St. Blue Ridge Ward)

2. FULL NAME

(a) Residence No. 407 Blue Ridge St. Blue Ridge Ward.

(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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K.C.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jess Edwings
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phil Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Lassiter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wash.
(STATE OR COUNTRY) Mo.

14. INFORMANT Jess Edwings
(Address) 407 Blue Ridge Blvd

15. FILE Aug 29, 1931 JH Cash REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28-1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Aug 28, 1931, that I last saw him alive on Aug 28, 1931, and that death occurred, on the date stated above, at 7041 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. L. St. Clair, M. D.

Aug 28, 1931 (Address) 5242 St. John

*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 Mt. Washington DATE OF BURIAL 8-29-1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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