

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

Do not use this space.

37932

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Newton Registration District No. 614  
Township \_\_\_\_\_ Primary Registration District No. 4585  
City Grandley (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wynne Wilson 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 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1929, to Nov 3, 1929 that I last saw him alive on Nov 3, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 1926

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 1 6

Frontal Sinus Infection  
115A  
101B dont know

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Tuberculosis (duration) yrs. mos. ds. 14

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandley Mo.

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER Louis Lee Edwards

IF NOT AT PLACE OF DEATH \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ocala - Fla.

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Wynne Wilson

WAS THERE AN AUTOPSY? \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. P. Roberts, M. D.

, 19 (Address) Grandley 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.

14. INFORMANT Mrs Louis Lee Edwards  
(Address) Hanna City

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 11-4 1929 M. G. Roberts REGISTRAR

Grandley Cemetery Nov 5 1929  
UNDERTAKER James Nutman Grandley Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

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