MAR 27 1930

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

Do not use this space.

5490

52

1. PLACE OF DEATH

County: Knox — Registration District No.: 441 — File No.:

Township: Benton — Primary Registration District No.: 5600 — Registered No.: 32

City: (No. ..... St. ..... Ward)

2. FULL NAME Henry T. 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	wht	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/5/1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	11	6	

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

1

9. BIRTHPLACE (CITY OR TOWN) Carlinsville
(STATE OR COUNTRY) Ill

2

PARENTS

10. NAME OF FATHER Henry Edwards

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

12. MAIDEN NAME OF MOTHER Gray

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

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14. INFORMANT Laura Edwards
(Address)

15. FILED 3/4, 1930 Geo S Brown
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/11/1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1929, to Feb 11, 1930, that I last saw him alive on Feb 8, 1930, and that death occurred, on the date stated above, at 12-20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis of Femoral Vein
Causing Gangrene of the foot
97
100A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. mos. ds.

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) J R Northcutt, M. D.

Feb 13, 1930 (Address) Knox City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Millport	2/13/1930
20. UNDERTAKER	**ADDRESS**
Kenoyer & Bailey	Rutledge