

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

Do not use this space.

*4777-a*  
File No. *10*

**1. PLACE OF DEATH** *4777-a*  
 County *Leander* Registration District No. *117*  
 Township *Osage* Primary Registration District No. *5767*  
 City *Leander* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *Edith E. Vernon*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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*

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR)

**7. AGE** YEARS *28* MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** *Housewife*

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** *335*

**10. Date deceased last worked at this occupation** (month and year) \_\_\_\_\_ **11. Total time (years) spent in this occupation** \_\_\_\_\_

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) *Feb-24* 19*31*

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
*Pneumonia*  
*105R*

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

**12. BIRTHPLACE** (CITY OR TOWN) *Leander City*  
 (STATE OR COUNTRY) *Mo*

**13. NAME** *Chas Hunter*

**14. BIRTHPLACE** (CITY OR TOWN) *Mo*  
 (STATE OR COUNTRY) *Mo*

**15. MAIDEN NAME** *Edith Hunter*

**16. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

**17. INFORMANT** *Ina Vernon*  
 (ADDRESS) \_\_\_\_\_

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE *Leander City* DATE *Feb 25* 19*31*

**19. UNDERTAKER** *John King*  
 (ADDRESS) \_\_\_\_\_

**20. FILED** *Maple* *J. J. G. Miller*  
 Registrar

**8** Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify *John D. Hunter*  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) *Leander 2110*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAY 2 1 1931

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Cass Registration District No. 117 File No. ....  
 Township Osage Primary Registration District No. 5167 Registered No. 10  
 City (No. ....) St. .... Ward (....)

2. FULL NAME Edith E. Pearson  
 (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. da. How long in U.S., if foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED m  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 Unknown  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1931  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him ..... days or ..... 19....., and that death occurred, on the date stated above, at.....  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Unknown  
 CONTRIBUTORY (SECONDARY) 109  
 (duration) yrs. mos. da.  
 (duration) yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19 (Address)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 10. NAME OF FATHER  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 14. INFORMANT (Address)  
 15. FILED May 10 1931 Lizzie Keller REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
 20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY.

**SUPPLEMENTARY**

S-4777-A