

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

Do not use this space.

1. PLACE OF DEATH  
 76 County St. Louis Registration District No. 745  
 Township Bonhome Primary Registration District No. 663  
 City Manchester (No. Manchester Nursing Home) St.          Ward           
 File No. 26269  
 Registered No. 162

2. FULL NAME James L. Edgar  
 (a) Residence No. 19266 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.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	<u>Male</u>	<u>White</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>        </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20 - 1871</u>		
7. AGE	YEARS	MONTHS
<u>63</u>	<u>1</u>	<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>not employed</u>		
10. Date deceased last worked at this occupation (month and year) <u>        </u>		
11. Total time (years) spent in this occupation <u>        </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liverpool England</u>		
13. NAME <u>Harry S. Edgar</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Elizabeth Lucas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Lillian W. W. 5306 Delmar</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassell Cem</u> DATE <u>July 20 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Peter Baron 3029 Lafayette</u>		
20. FILED <u>July 19 1934</u> <u>Agnes C. Kelly</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to July 18 1934  
 I last saw him alive on July 18 1934 Death is said to have occurred on the date stated above at 5:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset           
Arteriosclerosis

Other contributory causes of importance:         

Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? no

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         

(Signed) B. P. Young, M. D.  
 (Address) Ballwin, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

JUL 27 1934

OCCUPATION

FATHER

MOTHER

REGISTRAR

