Do not use this space.

DEC 14 1934

38978

1. PLACE OF DEATH

County _DeKalb_

Registration District No. _446-1_ 262

Township ____

Primary Registration District No. _262_

File No. ____

City _Union Star_ (No. ____ , St. ____ Ward)

Registered No. ____

2. FULL NAME _Lorena M. Edwards_

(a) Residence, No. _Union Star Mo._ St. ____ Ward. ____

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _50_ 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 _F._

4. COLOR OR RACE _W._

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widowed_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _April 2—_

7. AGE YEARS _91_ MONTHS _7_ DAYS _15_ If LESS than 1 day, ____ hrs. or ____ min.

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

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

10. Date deceased last worked at this occupation (month and year) _11-16-34_

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Kentucky_

13. NAME _Abner King_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Tenn._

15. MAIDEN NAME _Margret Cole_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Tenn._

17. INFORMANT _Sarah Jones_

(ADDRESS) _Union Star Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Union Star_ DATE _11-19-34_

19. UNDERTAKER _R. G. Taggart_

(ADDRESS) _King City Mo._ _E. M. Reynolds_

20. FILED _11-18-1934_ _E. M. Reynolds_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _11-17- 1934_

22. I HEREBY CERTIFY, That I attended deceased from _November 17, 1934_ to _November 17, 1934_

I last saw h__ alive on _November 17, 1934_ Death is said to have occurred on the date stated above, at _10.30 a._ m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation heart 93C

Date of onset

Other contributory causes of importance: _Arteriosclerosis_ 93b

Name of operation ____ Date of ____

What test confirmed diagnosis? _None_ 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)

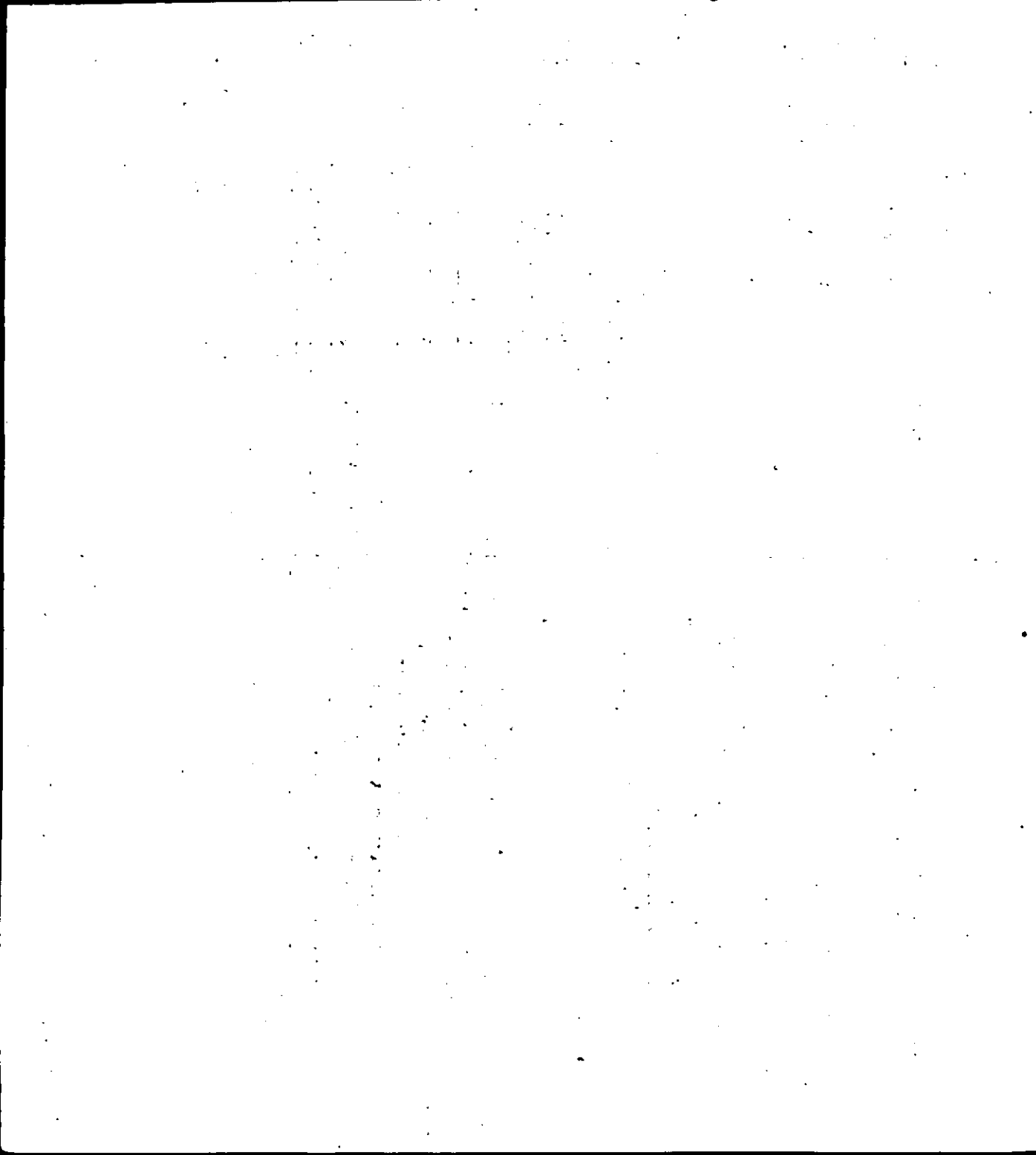Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) _Luther E. Rockwood_ M.D.

(Address) _Union Star, Mo._

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County _De Kalb_

Registration District No. _262_

Primary Registration District No. _4161_

File No. ....

Registered No. ....

Township ....

City _Union Star_ (No. .... St. .... Ward)

2. FULL NAME _Larena N Edwards_

(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

3. SEX _F_

4. COLOR OR RACE _W_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _W_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Apr 2 1843_

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

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

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

19. UNDERTAKER (ADDRESS)

20. FILED _Nov 18_ 19_34_ _E M Reynolds_
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Nov 17, 19 34_

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:

Dilatation of heart

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

age

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 ....

(Signed) ...., M. D.

(Address) ....