

JAN 23 1936

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

Do not use this space.

39703

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 3660 Summit)

Registration District No. 399  
Primary Registration District No. 7502

File No. \_\_\_\_\_  
Registered No. 4845  
Ward \_\_\_\_\_

2. FULL NAME Elizabeth M. Edgar

(a) Residence, No. Winona Lake Ind. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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 <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. A. Edgar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25, 1860</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1927</u>	
		11. Total time (years) spent in this occupation <u>3.5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Pennsylvania</u>		
13. NAME <u>Alexander M. Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Nancy Anne McCracken</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Miss Rye Wylie</u> (ADDRESS) <u>908 77th St. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olathe, Kans.</u> DATE <u>Dec 23, 1935</u>		
19. UNDERTAKER <u>Geo. H. Long</u> (ADDRESS) <u>10th &amp; Barnett - K.C.</u>		
20. FILED <u>Dec 22, 1935</u> M. M. <u>Crows</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Dec 21, 1935  
I last saw her alive on Dec 21, 1935 Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary & edema  
Date of onset 12/20/35

Other contributory causes of importance:  
Impairment of age  
Chronic interstitial nephritis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) Chas S. Kramer steopath  
(Address) K.C. Mo. 500 Bryant  
ald

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.

