

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

Do not use this space.

43977

JAN 17 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Tau Primary Registration District No. 1002
 City Newburg City Research Hospital St. _____ Ward _____

File No. _____
 Registered No. 4880
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Blackburn Mrs
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1866

7. AGE YEARS 71 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Edward Edwards

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

15. MAIDEN NAME Margaret Jones

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

17. INFORMANT (ADDRESS) John W. Edwards
Mitchell Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn DATE 12/7/35

19. UNDERTAKER (ADDRESS) Walter M. Menzies
Biggsville mo

20. FILED Dec 5 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-37 19

22. I HEREBY CERTIFY, That I attended deceased from 11-30-37 19, to 12-4-37 19.

I last saw him alive on 12-4-37 19. Death is said to have occurred on the date stated above, at 11:45 m.

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

Resection Throat
Gangrenous Intestine
& Intestinal Obstruction
 Cause of death Myocardial failure
 Other contributory causes of importance: 1230

Date of onset _____

Scrubbed Arteriosclerosis

Name of operation cholelith resection Date of 11-30-37
 What test confirmed diagnosis? yes Was there an autopsy? yes

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) G. J. Pratt M. D.
 (Address) W. P. Jennings

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.

