

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.

APR 29 1932

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

Do not use this space.

9834

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Perry Primary Registration District No. 60210
City (No.) St. (Ward)

File No. _____
Registered No. 23

2. FULL NAME

Mr. Laura Ellen Edgar

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>N Frank Edga</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>0</u>
	DAYS <u>25</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.	
	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) <u>Grandall Mo</u>		
FATHER	13. NAME <u>John D Eaton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>John Edga</u> <u>Donna Perry Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Rock Springs</u>	DATE <u>3/22 1932</u>
19. UNDERTAKER (ADDRESS) <u>J. S. Park</u> <u>Leadwood Mo</u>		
20. FILED <u>3/21 1932</u>	<u>V. C. Son</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to March 21, 1932
I last saw him alive on 3/19, 1932. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
emiasis of liver
124B / 24B
Date of onset 12/1/1932

Other contributory causes of importance:
(T)

Name of operation _____ 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? no 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) W. B. Dinsmore, M. D.
(Address) Leadwood Mo

