

JUN 29 1928

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

Do not use this space.

26126

1. PLACE OF BIRTH

County Shannon
Township Waverly
City (No. St. Ward)

Registration District No. 813
Primary Registration District No. 4498

File No.
Registered No.

2. FULL NAME

Milton Lindly Edwards

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

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

Male

4. COLOR OR RACE

white

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

Married

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

Ellen Susan Edwards

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

Nov 21 - 1865

7. AGE

YEARS MONTHS DAYS
62 8 3
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Veterinary
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wallas County Ia

10. NAME OF FATHER

Jra W. Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ia

12. MAIDEN NAME OF MOTHER

Naomi Lindly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT J E Edwards
(Address) 1516 1/2 Main Blockwell Okla

15.

FILED 7-27-28 1928 Mabel Rocco
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 22, 1928
that I last saw him alive on July 21, 1928, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

rupture of liver
caused by horse stepping
on him
188

CONTRIBUTORY (SECONDARY)

189

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J E Edwards, M. D.

July 17, 1928 (Address) Winnona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Winnona Cemetery

DATE OF BURIAL

Jul 27 1928

20. UNDERTAKER

Mr Duncan

ADDRESS

Winnona Mo

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.

THIS IS A PERMANENT RECORD

