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

Do not use this space.

17374

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Liberty — Primary Registration District No. 6181 — Registered No. 29
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward Conklin Charbonneau

(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: 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~~ Florence Yarborough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1 - 1881

7. AGE: 45 YEARS — MONTHS: 6 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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) Washington Co.

PARENTS
10. NAME OF FATHER Louis Charbonneau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.
12. MAIDEN NAME OF MOTHER Susan Noel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Washington Co.

14. INFORMANT L. Charbonneau
(Address) St. Louis Mo.

15. FILED 5/26 1927 Jos. L. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/24 1927

17. I HEREBY CERTIFY, That I attended deceased from 5/25 1927, to 5/25 1927, that I last saw h... alive on 5/25 1927, and that death occurred, on the date stated above, at 5/24 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowning
By Unknown Cause
By Verdict of Juror.
185 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Drowned
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Drowned
DID AN OPERATION PRECEDE DEATH? No. DATE OF non.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? non.
(Signed) S. P. Johnson Jur of the Peace Corner
, 19 (Address) Potosi, 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: Goose Creek this Co.
DATE OF BURIAL: May 26 1927
20. UNDERTAKER: Sparks
ADDRESS: Potosi, Mo.

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.