

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

Do not use this space.

32517

**1. PLACE OF DEATH**

County Texas  
Township Piney  
City (No. 6137)

Registration District No. ....  
Primary Registration District No. 863

File No. ....  
Registered No. 23  
St. .... Ward)

**2. FULL NAME**

Marion Edwards  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about</u>	<u>65</u>			

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(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)** unknown

**10. NAME OF FATHER** unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**12. MAIDEN NAME OF MOTHER** unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**14. INFORMANT** Gaylord Ellsby  
(Address)

**15. FILED** 10-31-1927 J.P. Rossack  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 10-31 1927

**17. I HEREBY CERTIFY**, That I attended deceased from 10-28 1927, to 10-30 1927, that I last saw him alive on 10-5 1927, and that death occurred, on the date stated above, at unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Softening of Brain  
72E

**CONTRIBUTOR (SECONDARY)** unknown  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** .....  
IF NOT AT PLACE OF DEATH, .....

IF AN OPERATION PRECEDE DEATH, DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J.P. Rossack, M. D.  
10-31, 1927 (Address) Houston, TX

\*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** Marionville Mo **DATE OF BURIAL** Nov 2 1927

**20. UNDERTAKER** Gaylord Ellsby **ADDRESS** Cabool

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.

NOV 2 1927

Prince