

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

Do not use this space.

8684

1. PLACE OF DEATH

County Howard Registration District No. 375
 Township Richwood Primary Registration District No. 4-222
 City Fayette (No. St. Ward)

File No.
 Registered No. 20

2. FULL NAME

Edward Lee Rawdon
 (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** Black **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fayette
 (STATE OR COUNTRY) Howard

10. NAME OF FATHER Robert Rawdon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayette
 (STATE OR COUNTRY) Howard
12. MAIDEN NAME OF MOTHER Lora Tolson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fayette
 (STATE OR COUNTRY) Howard

14. INFORMANT Robert Rawdon
 (Address) Fayette, Mo.

15. FILED 4-6, 1925 W. C. Bonham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1928
17. I HEREBY CERTIFY, That I attended deceased from 3-26 1928 to 3-31 1928, and that I last saw him alive on 3-29 1928, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 Did an operation precede death? no DATE OF
 Was there an autopsy? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) Wm. J. Shaw, M. D.
 , 19 (Address) Fayette, 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 City Cemetery **DATE OF BURIAL** 4-1 1928
20. UNDERTAKER Gely T. Kalletz Fayette, 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.

