

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

Do not use this space.

2445

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City Farmington, Mo. (No. ....) St. .... (Ward) .....

File No. ....  
 Registered No. 16

**2. FULL NAME** Alexander Edwards

(a) Residence. No. Chaffee, Mo. St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 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 Mabel Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-93

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, ..... hrs. or ..... min.
	<u>36</u>	<u>11</u>	<u>21</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) .....

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER J. W. Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun Co.  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Ellen Godell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fredericktown  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Hospital Records  
 (Address) Farmington, Mo.

15. FILED 1-27-30 E. J. Robinson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Jan 27, 1930, that I last saw him alive on Jan 26, 1930, and that death occurred, on the date stated above, at 325 1/2 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Paralysis of the Insane

CONTRIBUTORY (SECONDARY) 76 (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? Chemical + Lab.

(Signed) P. S. Tate, M. D.

1-27-1930 (Address) Hoop #4 Farmington 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 Chaffee Mo DATE OF BURIAL 1-29-30

20. UNDERTAKER President Undert Co ADDRESS Farmington Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 10 1930

