

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

Do not use this space.

23563

1. PLACE OF DEATH

74 County Madaway
Township Madaway
City..... (No.) St. Ward.....

Registration District No. 618
Primary Registration District No. 5820

File No.
Registered No.

2. FULL NAME

Ann Marie Twin No 2 of Mr + Mrs Ernest 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 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) <u>July 30 1932</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| _____ | _____ | _____ |
| If LESS than 1 day, 2 1/2 hrs. or _____ min. | | |

| | | |
|------------|--|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ | 11. Total time (years) spent in this occupation _____ |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |

12. BIRTHPLACE (CITY OR TOWN) Burlington Jet
(STATE OR COUNTRY) Miss

13. NAME Ernest Edwards

14. BIRTHPLACE (CITY OR TOWN) Marquette
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Miriam Williams

16. BIRTHPLACE (CITY OR TOWN) Burlington Jet
(STATE OR COUNTRY) Mo

17. INFORMANT Ernest Edwards
(ADDRESS) Burlington Jet Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marquette Mo DATE 7/30 1932

19. UNDERTAKER Funeral Home Co
(ADDRESS) Marquette Mo

20. FILED 7/30 1932 Edwards
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1932

22. I HEREBY CERTIFY That I attended deceased from July 30 1932 to July 30 1932
First saw h. alive on July 30 1932 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia 6 mos Date of onset _____

159 159

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. G. Bossius, M. D.
(Address) Burlington Jet Mo

N. B.—Every item of information should be carefully supplied. It should be classified. Exact CAUSE OF DEATH in plain terms, so that it may be properly classified.

AUG 5 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township 11 11
City (No. _____) _____ St. _____ Ward _____

Registration District No. 618
Primary Registration District No. _____

File No. _____
Registered No. _____

2. FULL NAME

Infant 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 30, 1932 _____ Registrar _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D. (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATION. THEY ARE COMPLETE AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain statement or certificate.

S-23563