

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

Do not use this space.

38240

**1. PLACE OF DEATH**

2 County Andrew Registration District No. 16  
Township Rochester Primary Registration District No. 5020  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 21 St. Ward

**2. FULL NAME**

Edd Black  
(a) Residence, No. County Farm 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. un known  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

13. NAME CC CC

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

15. MAIDEN NAME CC CC

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

17. INFORMANT Rgt Brandt  
(ADDRESS) Savannah mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE County Farm DATE Dec 24 1932

19. UNDERTAKER E. C. Bree  
(ADDRESS) Savannah mo

20. FILED Dec 23 1932 md. Bettie Boggs  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1932 to Dec 22 1932  
I last saw him alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? physical Was there an autopsy? no

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) D. V. R. Williams, M. D.  
(Address) Roundale 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. **JAN 21 1933**

