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.

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

Do not use this space.

1. PLACE OF DEATH
County Pike — Registration District No. 701 — File No. 41125
Township South East Marion — Primary Registration District No. 5930 — Registered No. 66
City ..... (No. ..... St. ..... Ward)

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2. FULL NAME Ashy Neal Edwards.
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Widowed unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4 - 1865
7. AGE: 67 YEARS — MONTHS: 0 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rail Road Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 128
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): Ohio. 2

FATHER
13. NAME: Isaac P. Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Neal.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): James S. Edwards Bolivar Route #7
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellview DATE: Dec 26, 1932
19. UNDERTAKER (ADDRESS): White Erwin Undertaker Bolivar Mo
20. FILED: Dec 26, 1932 J. H. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24, 1932

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Dec 24, 1932
I last saw him alive on Dec 23, 1932. Death is said to have occurred on the date stated above, at 24 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 19 32

Other contributory causes of importance: ①

Name of operation ..... 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? .....
If so, specify .....
(Signed) J. H. Bridges, M. D.
(Address) Bolivar, Mo