MARGIN RESERVED FOR BINDING

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.

SEP 26 1933

V. S. No. 2

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

Do not use this space.

28012

1. PLACE OF DEATH

County ..... Registration District No. 31 File No. .....

Township ..... Primary Registration District No. 33 Registered No. 7087

City St. Louis Mo. (No. ....., Sanitarium St. 3 Ward)

2. FULL NAME James Edwards

(a) Residence, No. 3108 Clifton Pl. 13 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19. 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	10	25	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME James Edwards Sr ~~Unknown~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Missouri

MOTHER

15. MAIDEN NAME Sophie Jones ~~Unknown~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Missouri

17. INFORMANT (ADDRESS) W. F. McNamee MD 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE (CITY OR TOWN) Bellefontaine DATE 8-17- 1933

19. UNDERTAKER (ADDRESS) Oliver Rowlett 3307 Lucas

20. FILED AUG 16 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1933, to Aug 13th, 1933

I last saw him alive on Aug. 13th, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

83
34

General Paralysis of the Insane (Syphilitic) — Date of onset 8/7/33

Other contributory causes of importance:

34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) William F. McNamee, M. D.

(Address) 5400 Arsenal St