

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

Do not use this space.

35439

1. PLACE OF DEATH

County Nebraska
Township
City Nebraska (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 234
St. Ward)

2. FULL NAME

Edward Cromwell

(a) Residence, No. 1126 N. Commercial St. 3 Ward.

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 70 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1182
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation. 85

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade family

13. NAME Edward Cromwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade family

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade family

17. INFORMANT E. B. Ferry (ADDRESS) Nebraska

18. BURIAL, CREMATION, OR REMOVAL More Cornet DATE 11-8-33

19. UNDERTAKER Henry Trinepl (ADDRESS) Nebraska

20. FILED 11-8-33 Registrar E. B. Ferry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows: not known

Epilepsy Date of onset
Spasms in epileptic fit
Smothered to death between bed clothing
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? 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? If so, specify (Signed) E. B. Ferry (Address) Nebraska

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.

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