

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.

JAN 26 1934
4

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

Do not use this space.

39833

1. PLACE OF DEATH

County Henry Co. Registration District No. 14
Township _____ Primary Registration District No. 721
City Windsor Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 36

2. FULL NAME Joe Rock 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>m</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sash Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-5-1903</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Feed Mill Employee</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933, to Dec 1, 1933
I last saw him alive on Nov. 11, 1933. Death is said to have occurred on the date stated above, at 8:35 p.m.

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

Lobar Pneumonia
Influenza and Bronchitis
Date of onset _____

Other contributory causes of importance:
Influenza and Bronchitis
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? no

If so, specify _____
(Signed) Will P. Bradley, M. D.
(Address) Windsor, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>
	13. NAME <u>Foster Edwards</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middleton Tenn.</u>
	15. MAIDEN NAME <u>Luella Finley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Rocky Clay</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Windsor Mo.</u> DATE <u>Dec 3</u> , 19 <u>33</u>
	19. UNDERTAKER (ADDRESS) <u>Windsor Mo.</u>
	20. FILED <u>Dec 8</u> , 19 <u>33</u> , <u>J. J. Jennings</u> Registrar.

