

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.

FEB 27 1934

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

Do not use this space.

970

1. PLACE OF DEATH
 47 County Iron Registration District No. 391
 2 Township Graded Primary Registration District No. 4250
 6 City Fronton (No. _____) St. _____ Ward _____

2. FULL NAME Julius F. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working as a Logging Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Mine

10. Date deceased last worked at this occupation (month and year) March 1929 11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Missouri

MOTHER FATHER

13. NAME Charles Edwards

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

15. MAIDEN NAME Matha Wilson

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

17. INFORMANT Whitney Edwards (ADDRESS) Fronton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellemeade DATE Jan 12 1934

19. UNDERTAKER White & Sons (ADDRESS) Fronton Mo.

20. FILED Jan 12 1934 R A Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1-1934 to Jan 10 1934, 1934
 I last saw him alive on Jan 9 1934, 1934 Death is said to have occurred on the date stated above, at 9:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Congestion of Lungs. Date of onset _____
Delayed Heart.

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. R. Barnhart M. D.
 (Address) Fronton Mo.

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