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.

APR 25 1934

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

Do not use this space.

10064

1. PLACE OF DEATH
County Pulaski
Township Pulaski
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~[illegible]~~ 713
Primary Registration District No. 5942

File No. .....
Registered No. .....

2. FULL NAME Joanna Thomas 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1847

7. AGE 87 YEARS | MONTHS 0 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper
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) 1929
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Grayson Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Jane Wilkerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Henry Pickering Laquey Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laquey DATE 3/23 1934

19. UNDERTAKER (ADDRESS) J. F. Hoopes & Sons Cracker Mo

20. FILED 3/22 1934 D. F. Albert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 22, 1934
I last saw her alive on March 20, 1934. Death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/14/34
107A	

Other contributory causes of importance: Unknown

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) W. J. Bell M. D.
(Address) Cracker Mo