

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.

JUL 17 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Charles  
Township St. Charles  
City St. Charles (No. 2000 W. Clay St.)

Registration District No. 757  
Primary Registration District No. 5998 3024

File No. 21631  
Registered No. 74  
St. 1 Ward

**2. FULL NAME**

(a) Residence, No. 2000 W. Clay St. / Ward.

Length of residence in city or town where death occurred 12 yrs. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65      5      28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer

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) June 20, 1934 11. Total time (years) spent in this occupation. 12 yrs

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

13. NAME John A. B. Edwards

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

15. MOTHER MARRIAGE NAME Mrs. Elizabeth Edwards

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

17. INFORMANT (ADDRESS) Alma Edwards Daugherty  
St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE June 25, 1934

19. UNDERTAKER (ADDRESS) Steinbrenner's  
St. Charles, Mo.

20. FILED 6/25 1934 Placenta B. Steiner Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from head injuries June 23, 1934

I last saw him alive on \_\_\_\_\_ Date is said

to have occurred on the date stated above, at 10:30 a.m.

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

Suicide by hanging (strangulation) strangled self by means of a rope. Date of onset

Other contributory causes of importance: none determined

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? Suicide Date of injury June 23, 1934

Where did injury occur? St. Charles, Mo. R. 3 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. shed at his home

Manner of injury Standing on a box

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Will Freeman, M. D.

(Address) St. Charles, Mo

Corner of St. Charles Co. Mo

