

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.

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

Do not use this space.

1. PLACE OF DEATH

SEP 13 1934

791

27692

County .....

Registration District No.

1003

File No.

7954

Township .....

Primary Registration District No.

Registered No.

City .....

(No. ....)

En Route to City Hospital

St. ....

Ward) .....

2. FULL NAME

Samuel R. Edwards

(a) Residence, No. ....

414 Wash St.

St. ....

25

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)

Single

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

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Carpenter

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)

11. Total time (years) spent in this occupation

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

Michigan

FATHER

13. NAME

unknown

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

unknown

MOTHER

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT (ADDRESS)

John J. Sweeney  
Cemeter Office

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Follers Field

DATE

8-2

1934

19. UNDERTAKER (ADDRESS)

Peets Bros.  
3025 Lafayette Ave

20. FILE

AUG -2 1934

J. Brebeck  
Registrar

MEDICAL CERTIFICATE OF DEATH

Physician in attendance

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

7-24 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at 11:00 m.

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

Excessive Heat

191

Other contributory causes of importance:

191

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

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)

(Address)

Harold P. Blum M.D.  
1934

