

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

Do not use this space.

1. PLACE OF DEATH **SEP 13 1934**  
 County..... Registration District No. **1003**  
 Township..... Primary Registration District No. **791**  
 City **St. Louis** (No. **1003**) **City Hospital** File No. **30993**  
**7961** **Joseph Edwards** Registered No. **8259**  
 (a) Residence, No. **1218** **Wright** 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. **26** How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **2** 4. COLOR OR RACE **25** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm Edwards**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8 - 1853**  
 7. AGE YEARS **81** MONTHS **2** DAYS **4** If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **ml**  
 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  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**  
 MOTHER 13. NAME **Dudley Wesley**  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**  
 15. MAIDEN NAME **May Mason**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**  
 17. INFORMANT **Hospital**  
 (ADDRESS) **City Hosp**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Fredonia** DATE **8/13** 1934  
 19. UNDERTAKER **W. A. Stock**  
 (ADDRESS) **2117**  
 20. FILED **J. P. Bredeck** Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/12** 19**34**  
 22. I HEREBY CERTIFY, That I attended deceased from **8/10** 19**34** to **8/12** 19**34**  
 I last saw her alive on **8/12** 19**34** Death is said to have occurred on the date stated above, at **9:00** a.m.  
 The principal cause of death and related causes of importance were as follows:  
**18 E**  
**191 Encephalitis**  
**non epidemic**  
 Other contributory causes of importance:  
**Next Proxiation**  
 Name of operation **191** 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:  
 Accidents, 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 **Chained Kelly**  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) **City Hosp**

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. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

AUG 21-1934

