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.

APR 26 1935

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

Do not use this space.

File No. 11663

Registered No.

1. PLACE OF DEATH
County: Sullivan
Township: Jackson
City: (No. St. Ward)

Registration District No. 852
Primary Registration District No. 6124

2. FULL NAME: Thomas K. 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 50 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 (OR) WIFE OF: Alice V. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 2, 1862

7. AGE: Years 72 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albia Iowa

FATHER

13. NAME: Thomas Edward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER

15. MAIDEN NAME: Nancy Kinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): Verne Edwards Pollock, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Lemons, Mo. Cem. DATE Mar 29 1935

19. UNDERTAKER (ADDRESS): C. A. Schoen Milan, Mo

20. FILED April 9 1935 Geo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1935, to Mar. 28, 1935

I last saw him alive on Mar. 27, 1935. Death is said to have occurred on the date stated above, at 3 a. m.

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

	Date of onset
Pernicious Anemia	8/1/1934
Other contributory causes of importance:	
Chronic Nephritis	1930
Prostatic Hypertrophy	1930

Name of operation: none Date of

What test confirmed diagnosis? Phys. & Chem. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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: None

Nature of injury: None

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

If so, specify

(Signed) J. C. Roberts, M. D.

(Address) Pollock, Mo.