

JUN 21 1935

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

Do not use this space.

16873

1. PLACE OF DEATH

419 County Jasper Registration District No. 417  
11 Township ..... Primary Registration District No. 3021  
7 City Watt City (No. ....) St. .... Ward)

File No. ....  
Registered No. 33

2. FULL NAME

(a) Residence, No. 715 Maxwell St., ..... Ward. (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

MEDICAL CERTIFICATE OF DEATH

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 Edna Mary Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>70</u>	<u>8</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Teacher</u>	
	10. Date deceased last worked at this occupation (month and year) .....	

12. BIRTHPLACE (CITY OR TOWN) Armstrong County  
(STATE OR COUNTRY) Penn.

13. NAME George Edwards

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

15. MAIDEN NAME Hannah Larson

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

17. INFORMANT Mrs. Edna Mary Edwards  
(ADDRESS) Watt City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Creek Memorial Park DATE May 6 1935

19. UNDERTAKER Watt City Undertaking Co.  
(ADDRESS) Watt City, Mo.

20. FILED 516, 19 35 J. L. Corvay  
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, to May 6, 1935. I last saw him alive on May 4, 1935. Death is said to have occurred on the date stated above at 11 a.m.

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

Shock of internal injuries sustained accidentally during a search

Other contributory causes of importance: 2/10

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO

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? 1314 Liberty Inn, Watt City  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury fall from height

Nature of injury head & neck fractured

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

If so, specify .....

(Signed) W. J. Rogers, M. D.  
(Address) Watt City, Mo.

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.

