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.

229603

1. PLACE OF DEATH
County Texas — Registration District No. ..... — File No. .....
Township Shorrell — Primary Registration District No. ..... — Registered No. .....
City Licking (No. ..... St. ..... Ward)

2. FULL NAME Jewel Edwards
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cleo Kirk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5, 1906
7. AGE: YEARS 30 — MONTHS 6 — DAYS 24 — 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: 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

FATHER
13. NAME: George Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

MOTHER
15. MAIDEN NAME: Ava Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

17. INFORMANT (ADDRESS): Ava Edwards
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concord Cem — DATE: 7/30/36
19. UNDERTAKER (ADDRESS): Smith & Ferguson
20. FILED: 8/30, 1936 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to July 29, 1936.
I last saw him alive on July 29, 1936. Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	
23	

Other contributory causes of importance:

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 ....., 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 .....
(Signed) [signature], M. D.
(Address) Redfield