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

SEP 21 1936

Do not use this space.

30533

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township Athens — Primary Registration District No. 5425 — Registered No. 57
City Albany (No. , St. Ward)

2. FULL NAME Ed E. Birge
(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 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 Mollie Norman B

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1859

7. AGE: YEARS 77 (~~76~~) MONTHS 6 DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) St. Clair Illinois

FATHER
13. NAME David Birge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Vermont

MOTHER
15. MAIDEN NAME Jane Mundis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Madison Co. Ill.

17. INFORMANT (ADDRESS) Mrs. Birge Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Ridge DATE Aug 5 1936

19. UNDERTAKER (ADDRESS) Clifford Brooks Albany, Mo.

20. FILED Aug 4, 1936 W. W. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1936, to 8-3-, 1936
I last saw him alive on 8-3-, 1936 Death is said to have occurred on the date stated above, at 12-noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
93d1	
Other contributory causes of importance: Mural Thrombosis	8-1-36

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? no
If so, specify
(Signed) Frank H. Rose, M. D.
(Address) Albany, Mo.