

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

Do not use this space.

OCT 1 1936

32839

1. PLACE OF DEATH

County St. Louis Mo.
 Townshp. _____
 City _____

Registration District No. 791
 Primary Registration District No. 1003

File No. _____
 Registered No. 8719
 (No. MO PACIFIC HOSPITAL St. _____ Ward)

2. FULL NAME

(a) Residence, No. 552 No. Cumberland Av. NR Ward. Jackson Tenn.
 (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 M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JANIE EDWARDS

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
ABT 68

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PORTER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MTO SHOPS JACKSON TENN
 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) TENN

13. NAME SIMON EDWARDS

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

15. MAIDEN NAME SAMIRA (Punk)

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

17. INFORMANT CHARA EDWARDS
 (ADDRESS) 41152 ENRIGHT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE JACKSON, TENN DATE 8/23 1936

19. UNDERTAKER R.M.C. GREEN
 (ADDRESS) 3811 WASHBURN AVE

20. FILED AUG 22 1936 J.P. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 21ST 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1936 to AUG 21ST 1936
 I last saw him alive on AUG 21ST 1936. Death is said to have occurred on the date stated above, at 6:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Senile Prostatic Hypertrophy with urinary retention Date of onset _____

Chronic Myocarditis
Senility

Other contributory causes of importance: 930

Name of operation Cystotomy Date of 6/24/36
 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? _____ (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) Robert L. Denny, M. D.
 (Address) MO Pac Hosp Ann St Louis 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.

