

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Louis Registration District No. 477
Township Dieterich Primary Registration District No. 5646
City (No.) St. Ward

File No. 7036
Registered No. 79

2. FULL NAME

Alvin G. Edwards

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Ellen Sipes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 20

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. Farm

10. Date deceased last worked at this occupation (month and year) Jan 27, 1936 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William Edwards (ADDRESS) Paris City Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Canton DATE 2/13/37

19. UNDERTAKER James A. Coburn (ADDRESS) Paris City Mo

20. FILED Feb 15 1937 J. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to Feb 12 1937. I last saw him alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Bronchial Pneumonia Date of onset Feb 9
Cold preceding.

Name of operation None Date of 9
What test confirmed diagnosis? None 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 Harry L. McBrook
(Signed) James A. Coburn
(Address) Paris 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.

