

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

Do not use this space.

MAY 31 1937

17244

File No. 152
Registered No. 668-

1. PLACE OF DEATH

County Pettis Registration District No. 168
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 12222, East 7th. St. Ward)

2. FULL NAME

Henry H. Edwards

(a) Residence, No. 1222 East 7th. 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 Ethel Edwards
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 3 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Spring Fork (STATE OR COUNTRY) Mo.

MOTHER FATHER
13. NAME John O. Edwards

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

15. MAIDEN NAME Aleatha Brooks

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

17. INFORMANT Mrs. Henry Edwards (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE May 9, 1937

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED May 8 1937 Jean Slach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7/37, 1937

22. HEREBY CERTIFY That I attended deceased from Oct 1, 1936 to May 7, 1937
I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 1:30 a. m.

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

embolism of line
chronic myocarditis
Date of onset
1/24/37

Other contributory causes of importance:

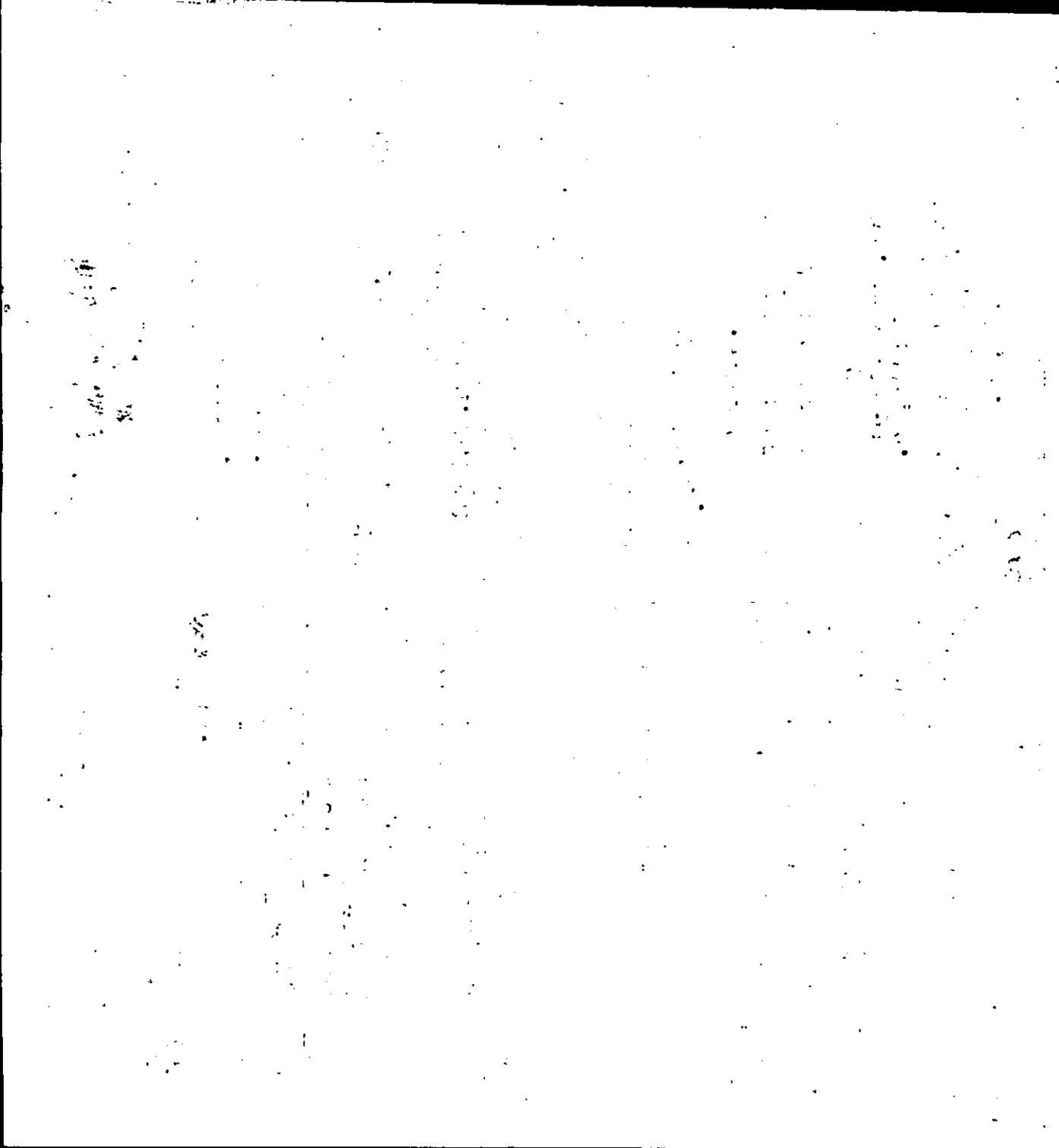
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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?..... (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) C. S. Stan Parker, M. D.
(Address) Sedalia, Mo.

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.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3932
 City Sedalia (No. 1222 East 7th) File No. 17244
 Registered No. 152 St. _____ Ward _____

2. FULL NAME

Henry H. Edwards
 (a) Residence, No. 1222 East 7th 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 Ethel Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Springfield, Mo.

13. NAME John C. Edwards

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

15. MAIDEN NAME Aleatha Brooks

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

17. INFORMANT (ADDRESS) Mrs. Harry Edwards
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 9, 1937

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 5-8, 1937 Jean Clark Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 to May 7, 1937
 I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

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) C. G. Hauffacher, M. D.
 (Address) Sedalia, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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