

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

Do not use this space.

1. PLACE OF DEATH MAy 31 1937
 County Pike Registration District No. 689
 Township ~~Boonville~~ Primary Registration District No. 3033
 City Louisiana (No. Pike Co Hospital) St. _____ Ward _____
2. FULL NAME C. Charles R. Edwards
 (a) Residence, No. Bowling Green, MO St. R-4 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 17282
 Registered No. _____
 St. _____ Ward _____

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 Mrs. Eunice Edwards
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 - 5 21
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** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.
13. NAME Charles Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.
15. MAIDEN NAME Margaret Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
17. INFORMANT (ADDRESS) Dr. Claude Edwards Bowling Green
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Antioch Cem. DATE April 20 37
19. UNDERTAKER (ADDRESS) H. B. E. Moore Bowling Green
20. FILED 4/19 1937 J. C. Hoey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 - 1937 to Apr. 19 1937
 I last saw him alive on Apr. 19 - 4 1937. Death is said to have occurred on the date stated above, at 12 A. M.
 The principal cause of death and related causes of importance were as follows:

Robert Pneumonia
108
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Cl 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? None (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 Yes
 (Signed) W. H. Williams, M. D.
 (Address) Bowling Green Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

