

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

Do not use this space.

JUN 16 1937

19362

1. PLACE OF DEATH

7 County Bates
5 Township Howard
3 City Hume (No. St. Ward)

Registration District No. 51
Primary Registration District No. 4030

File No.
Registered No.

2. FULL NAME

Benjamin Lincoln Edwards

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura May Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
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) May 1930 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittston Penn

13. NAME Caleb Edwards

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

15. MAIDEN NAME Elizabeth Edwards

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

17. INFORMANT Mrs L. H. Bernalty (ADDRESS) Hume Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hume Cur DATE May 21 1937

19. UNDERTAKER R. W. McCannell & Son (ADDRESS) Hume Mo

20. FILED June 1 1937 Fern H Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1936 to May 19 1937

I last saw him alive on May 19 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pulmonary Thrombosis Date of onset May 18/37

Other contributory causes of importance: 11/10

Asthenia & Bleeding 1935

Name of operation None Date of
What test confirmed diagnosis Chemical 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 None

(Signed) Wm H. Allen, Jr., M. D.
(Address) Hume Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

54 days

