JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Butler
Township Black River
City ..... (No. ..... St. ..... Ward)

Registration District No. 91
Primary Registration District No. 5135

File No. 23297
Registered No. 4

2. FULL NAME (No Name) 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): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

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

7. AGE: Stillborn — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME David Walter Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrickson Mo

MOTHER
15. MAIDEN NAME Ida Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrickson Mo

17. INFORMANT (ADDRESS) Walter Edwards

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE July 5 1937

19. UNDERTAKER (ADDRESS) None

20. FILED July 5 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1937 to July 4th, 19..
I last saw him alive on Stillborn, 19.. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolapsed Cord	7-4-37

Other contributory causes of importance:
Mal-position Shoulder presenting

Name of operation Version Date of 7/4/37
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? No
If so, specify
(Signed) J. Lester Harwell M. D.
(Address) Poplar Bluff Mo.