

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County MadisonRegistration District No. 26Township MadisonPrimary Registration District No. 3002City Madison Mo (No. Andrew Hospital)File No. 26553
Registered No. 91 St. _____ Ward _____2. FULL NAME Charles Edwards(a) Residence, No. Centralia No. St. P.O. 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

Rhoda Edwards

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

September 4-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76102

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

Teacher

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)

June 1937

11. Total time (years)

spent in this occupation

Life

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

Boone Co Mo

13. NAME

Richard Edwards

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

Ky

15. MAIDEN NAME

Mary E. Dreyer

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

Illinois

17. INFORMANT (ADDRESS)

Mrs. Chas. Edwards Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Centralia Mo DATE 7/8 1937

19. UNDERTAKER (ADDRESS)

M. McDonald Centralia Mo20. FILED July 6, 1937Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1937, to July 6, 1937I first saw him alive on July 6, 1937 Death is saidto have occurred on the date stated above, at 11 a. m.

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

Peritonitis 12/13/
Volvulus - in R Hemal
sack.

Other contributory causes of importance:

6 ft. of small bowel
gangrenous.Name of operation Exploratory Date of 7-5-37What 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? L 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 124. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Paul E. Coil, M. D.(Address) Madison 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.

THIS IS A PERMANENT RECORD

