

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

Do not use this space.

AUG 1 1937

1. PLACE OF DEATH

County Saline

Township Arrow Rock

City Arrow Rock

Registration District No. 792

Primary Registration District No. 4473

File No. 28441

Registered No. _____

St. _____

Ward _____

2. FULL NAME Orlanda Emma Case Edwards

(a) Residence, Arrow Rock, Mo.

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

3. SEX

Female

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

William Henry Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

76

7

12

OCCUPATION

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

Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House wife

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)

Cooper county Missouri

FATHER MOTHER

13. NAME

George Case

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

New York

15. MAIDEN NAME

Mary Jane Parker

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

New York

17. INFORMANT (ADDRESS)

C. H. Edwards, Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arrow Rock Cem. DATE July 18 1937

19. UNDERTAKER (ADDRESS)

T. H. Campbell, Marshall, Mo.

20. FILED

Aug 11 1937 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1937

22. I HEREBY CERTIFY that I attended deceased from

Sept. 1, 1936 to July 17, 1937

I last saw him alive on July 17, 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:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

High Blood Pressure

Name of operation

Neur.

Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 1 Date of injury 1 1937

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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Lawless M. D.

(Address) Marshall Mo. Ry

