

SEP 21 1937

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

Do not use this space.

31318

1. PLACE OF DEATH

County New Madrid Registration District No. 605  
Township Conant Primary Registration District No. 4359  
City Conant No.          St.          Ward         

File No. 31318  
Registered No.         

2. FULL NAME Daisy Belle 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. 5 mos.          ds. How long in U. S., if of foreign birth? yrs.          mos.          ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 7/28 1937 to 8/14 1937

I last saw her alive on 8/14 1937. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Typhoid Fever Date of onset 7/15/37

Other contributory causes of importance:         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
12 0 22

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

13. NAME Walter F. Edwards

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

15. MAIDEN NAME Nina S. Gilburn

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

17. INFORMANT (ADDRESS) Walter F. Edwards  
Carma no. R4D.22

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsylville Ark DATE 8-15 1937

19. UNDERTAKER (ADDRESS) W. Carrig  
Malden mo.

20. FILED 8/14 1937 D. George Justis Registrar.

Name of operation none Date of         

What test confirmed diagnosis? try Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury         , 19        

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury none

Nature of injury none

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

If so, specify         

(Signed) Stacyan Cabotom, M. D.

(Address) Malden

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

