

SEP 21 1937

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

Do not use this space.

31321

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Cross Primary Registration District No. 4359
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Jessie 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19.....

I last saw him once only alive on July 25, 1937. Death is said to have occurred on the date stated above, at 2:15 PM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896

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

7. AGE YEARS 41 MONTHS unknown DAYS If LESS than 1 day,hrs. ormin.

Pulmonary Tuberculosis Date of onset

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

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

Other contributory causes of importance: 23

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

13. NAME Sam Edward

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

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

15. MAIDEN NAME Lealy B. Wess

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.

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

17. INFORMANT Frank Miller (ADDRESS) Rice Mo

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE Sept 6, 1937

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

If so, specify

19. UNDERTAKER Dr. L. L. ... (ADDRESS) Portageville

(Signed) J. C. ... M. D.

(Address) Parma, Mo

20. FILED Sept 5, 1937 J. C. ... Registrar.

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

