

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County De Kalb
 Township Park
 City Union Star, Mo. (No. _____) St. _____ Ward _____

Registration District No. 4161
 Primary Registration District No. 26-22

File No. 34094

Registered No. _____

2. FULL NAME Edward Russell Speaker

(a) Residence, No. Union Star Mo. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Sept 23 1937

I last saw him alive on Sept 23 1937. Death is said to have occurred on the date stated above, at 2 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1858

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

7. AGE YEARS 79 MONTHS 2 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

Cancer Prostate

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) 1936 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) Whiting, West Va. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Henry Speaker

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

15. MAIDEN NAME Mary

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

17. INFORMANT (ADDRESS) Belle Speaker

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo DATE Sept. 25 1937

19. UNDERTAKER (ADDRESS) Lucile M. Wilson

20. FILED Sept 24, 1937 E. M. Reynolds Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) E. M. Reynolds M. D. (Address) Union Star Mo

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

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