

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

Do not use this space.

OCT 20 1937

34480

1. PLACE OF DEATH  
 County Jasper Registration District No. 408  
 Township Carthage Primary Registration District No. 3020  
 City Carthage (No. McCune-Brooks Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Infant son of Mr. and Mrs. Ira I. Edwards  
 (a) Residence, No. Route 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1937

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

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

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) Carthage Missouri

13. NAME Ira I. Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

15. MAIDEN NAME Edna Olsen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Iowa

17. INFORMANT Mr. Ira I. Edwards (ADDRESS) Route 1, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Fasken Cemetery DATE Sept. 3, 1937

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Sept 2 1937 W. M. Howard M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937 to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on Still born 19\_\_\_\_ Death is said to have occurred on the date stated above, at 4:00am.  
 The principal cause of death and related causes of importance were as follows:

7 1/2 mo gestation. Still born

Other contributory causes of importance:  
mother had eclampsia labor induced.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) George J. Wood M. D.  
 (Address) Carthage 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.

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THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5408 S. UNIVERSITY AVENUE  
CHICAGO, ILLINOIS 60637

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