

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

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH Cape Girardeau  
 County Cape Girardeau Registration District No. 125 File No. 37357  
 Township Cape Girardeau Primary Registration District No. 178 Registered No. 332  
 City Cape Girardeau (No. R.F.D. # I) CAPE GIRARDEAU MO. St. MO. Ward 1

2. FULL NAME Stella Edwards  
R.F.D. # I, CAPE GIRARDEAU MO. Ward 1  
 (a) Residence, No. R.F.D. # I, CAPE GIRARDEAU MO. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Henry Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 10 16

OCCUPATION  
 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. Housework  
 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) Vienna Ill.

FATHER  
 13. NAME Walter Casper  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County Ill.

MOTHER  
 15. MAIDEN NAME Amanda File  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Henry Edwards  
 (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Chapel DATE Oct. 20, 1937

19. UNDERTAKER Haman Funeral Home  
 (ADDRESS) Cape Girardeau Mo.

20. FILED 10-18-37 g-m. Hamman  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1937

22. HEREBY CERTIFY, That I attended deceased from 10/11, 1937, to 10/18, 1937.  
 I last saw her alive on 10/17, 1937. Death is said to have occurred on the date stated above, at 4:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Uterus Date of onset

Other contributory causes of importance:  
48

Name of operation None 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?           
 If so, specify           
 (Signed) [Signature], M. D.  
 (Address) Cape Girardeau Mo.

7.11 A  
Broadway

