

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

Do not use this space.

NOV 16 1937

37460

1. PLACE OF DEATH

County *Craig*
Township *Shoals*
City *Cameron* (No. *204*)

Registration District No. *204*
Primary Registration District No. *2013*

File No. *1*
Registered No. *37*
St. *11* Ward

2. FULL NAME

(a) Residence, No. *Edna Mae McGuire Edwards* St. *11* Ward *11*
(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 9th* 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *June 30, 1932* to *Oct 9*, 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 4 1914*

I last saw her alive on *Oct 8*, 19*37* Death is said

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>23</i>	<i>1</i>	<i>5</i>		

to have occurred on the date stated above, at *12:30 AM*.

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

Cerebral Embolism

Date of onset

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

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) *Cameron Mo*

11. Total time (years) spent in this occupation.

Other contributory causes of importance:

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

13. NAME *Edna Mae McGuire*

Name of operation *2213* Date of *11*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Red Oak Iowa*

What test confirmed diagnosis? *2213* Was there an autopsy? *11*

15. MAIDEN NAME *Mary Campbell*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *11* Date of injury *11*, 19*37*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Gallatin Mo*

Where did injury occur? *11* (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) *Mary McGuire Cameron Mo*

Manner of injury *11*

18. BURIAL, CREMATION, OR REMOVAL *Graceland*

Nature of injury *11*

PLACE *Cameron Mo* DATE *Oct. 11 1937*

19. UNDERTAKER (ADDRESS) *W Moore Cameron Mo*

24. Was disease or injury in any way related to occupation of deceased? *11*

If so, specify *11*

(Signed) *W Moore*, M. D.

20. FILED *Oct 9*, 19*37* *W Moore* Registrar.

(Address) *Cameron 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.

25
4

2

1

2

1

