

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

Do not use this space.

**NOV 24 1937**

1. PLACE OF DEATH

County New Madrid  
Township Carno  
City West (No. 1)

Registration District No. 605-2  
Primary Registration District No. 9359-1

File No. 38332  
Registered No. 11

2. FULL NAME Engene Vailes

(a) Residence, No.                      St.                      Ward.                       
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 5 9

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

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) Piaca (STATE OR COUNTRY) Mo

13. NAME Haywood Edwards

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

15. MAIDEN NAME Eulah Vailes

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

17. INFORMANT W. E. Vailes (ADDRESS) Piaca

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 10-6 1936

19. UNDERTAKER T. C. Knight (ADDRESS)                     

20. FILED 10/6 1936 Dr. G. W. Husted Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937, to Oct 5 1937

I last saw h.                      alive on Oct 5 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Poss. malaria Date of onset                     

Other contributory causes of importance: 38

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?                       
If so, specify                       
(Signed) G. W. Husted M. D.  
(Address) Parma, 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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