

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper Registration District No. 394  
 Township Quince Primary Registration District No. 4550  
 City Quince (No. 6) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **3045**

Registered No. 1

**2. FULL NAME**

Lulu F. Edgin 22

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to Aug 4, 1937. I last saw her alive on Aug 4, 1937. Death is said to have occurred on the date stated above, at 10:10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1891

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>46</u>	<u>4</u>	<u>7</u>	

Chronic nephritis 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga, Tennessee

13. NAME L. D. Templeton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Kentucky

15. MAIDEN NAME May J. Haller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Missouri

17. INFORMANT L. D. Templeton (ADDRESS) Quince, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wick City Cem. DATE Aug. 6, 1937

19. UNDERTAKER Knabe Mortuary (ADDRESS) Quince, Mo.

20. FILED Feb. 10, 1938 Thelma Hogan Registrar.

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) M. S. D. ... M. D.

(Address) Wick City, 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.

RECEIVED

FEB 25 1938

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MO. STATE DEPT. OF HEALTH