

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

Do not use this space.

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1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. 3910
 Township St. Charles Primary Registration District No. 3036 Registered No. 11
 City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME

Miss Kate Edwards 392
 (a) Residence, No. 1817 Sibby St. St. _____ Ward _____
 (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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) St. Charles County, Mo.

FATHER 13. NAME Joseph H. Edwards

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

MOTHER 15. MAIDEN NAME Mary Johnson

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

17. INFORMANT (ADDRESS) Miss Lucille Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Jan. 19, 1938

19. UNDERTAKER (ADDRESS) H. C. Martin - Beau

20. FILED 1/18/38 19 Bloume & Mosler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 10, 1938 to Jan. 7, 1938

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:00 P. m.

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

Influenza + Pneumonia Date of onset 1/15/38

Other contributory causes of importance: Chronic Myocarditis 1916

Name of operation None Date of _____
 What test confirmed diagnosis Cerebral sp. sp. Was there an autopsy? Yes

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) Residing, M. D.
179 (Address) Rockwell, 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 28 1938

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MO. STATE BOARD OF HEALTH