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.

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 7388

Township ~~Miller~~ Masonic — Primary Registration District No. 3029 — Registered No. 56

City Hannibal (No. (Levering Hosp.) St. Ward)

2. FULL NAME Mary Elizabeth Edwards 363

(a) Residence, No. 1010 Park Ave St., Ward. (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: Archie Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): UNKNOWN

7. AGE: About 54 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Mo. 0

FATHER

13. NAME: William Briscoe 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Mo. 0

MOTHER

15. MAIDEN NAME: Fannie Floweree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Mo.

17. INFORMANT (ADDRESS): Archie Edwards Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Ce m. DATE Feb. 12 1938

19. UNDERTAKER (ADDRESS): Smiths' Funeral Home Hannibal, Mo.

20. FILED 2-17, 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Feb 10, 1938

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 10:05 a.m. AM

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

Carcinoma of Pancreas — Date of onset

46

Other contributory causes of importance:

Name of operation Exploratory operation Date of Jan 10

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? no

If so, specify —

(Signed) A. L. Shanks, M. D.

(Address) Hannibal Mo

488