

REC'D JUN 9 1938

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

19290

Do not use this space.

## 1. PLACE OF DEATH

(a) County RandolphRegistration District No. 733(b) Township Salt SpringsPrimary Registration District No. 4438(c) City Huntsville

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Edwards

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 18717. AGE YEARS 66 MONTHS 8 DAYS 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio13. NAME David S. Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales15. MAIDEN NAME Hester Fulton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales17. INFORMANT (ADDRESS) Mrs. A. L. Pollock18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE May 4, 193819. FUNERAL DIRECTOR (ADDRESS) Tom B. Patton20. FILED June 10, 1938 Mrs. S. A. Barnhart Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 193822. I HEREBY CERTIFY, That I attended deceased from April 14, 1938 to May 9, 1938I last saw her alive on May 3, 1938. Death is said to have occurred on the date stated above, at 12:30 a. m.

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

Carcinoma of Head of Pancreas  
Obstruction of DuodenumDate of onset D.K.4/30/38Other contributory causes of importance: 463Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Autopsy 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) Philip H. Oyster, M. D.(Address) Huntsville Mo

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**