

REC'D JUL 17 1938

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

Doan L. ...

22613

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656

(b) Township Holland Primary Registration District No. 6281

(c) City Holland (d) Street No. _____ St. _____

(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 Denis Odell Edwards 312

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

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1936		
7. AGE YEARS 1	MONTHS 6	DAYS 3
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant		
9. Industry or business in which work was done, as 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) Holland 0
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Oliver Edwards 0

14. BIRTHPLACE (CITY OR TOWN) Tyler 0
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Ellen Savage

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

17. INFORMANT Oliver Edwards
 (ADDRESS) Holland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE # 8 Cemetery DATE 6/14 1938

19. FUNERAL DIRECTOR German Undt Co.
 (ADDRESS) Steele, Mo.

20. FILED 7-15 1938 Tom Briggance 588
 (Address) Holland
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 13** 1938

22. I HEREBY CERTIFY That I attended deceased from June 3 1938 to June 13 1938
 I last saw him alive on June 11 1938 at 11:00 a.m. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Colitis complicated with Whipple's tongue

Date of onset _____

Other contributory causes of importance: 9

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 _____, 1938

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) Doc. McLean M. D.

(Address) Holland

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.)