

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

22727

Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
 (b) Township 1 Primary Registration District No. 4438 Registered No.
 (c) City Huntsville (d) Street No. St.
 (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 Mary Rebecca Edwards 320

(a) Residence, No. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 4

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

13. NAME George Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co

15. MAIDEN NAME Celia Minor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT (ADDRESS) Mrs Martha Bailey
Huntsville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE June 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville, Mo

20. FILED July 10, 1938 Mrs. D. A. Barshaupt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 3, 1938, to June 4, 1938

I last saw her alive on June 4, 1938 Death is said to have occurred on the date stated above, at 9:45 m.

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

Cerebral Hemorrhage R
Hypertension
J. J. J.

Date of onset 6/3/38
D.K.

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Phys. Exam. Was there an autopsy? no

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 Dreyer, M. D.
 (Address) Huntsville, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,.....

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.