

SEP 19 1938

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

29744
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana (d) Street No. Pike County Hospital 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 Thomas Henry Edwards

(a) Residence, No. Clarksville St. Mo. 365
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Cochran Edwards (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1852

7. AGE YEARS 86 MONTHS 4 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler
 9. Industry or business in which work was done, as saw mill, bank, etc. Retail
 10. Date deceased last worked at this occupation (month and year) 8/1/38 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fond du Lac Wisconsin

FATHER 13. NAME William Edwards 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham England 4

MOTHER 15. MAIDEN NAME Ann Davis

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

17. INFORMANT (ADDRESS) Miss Maude Edwards Sterling Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Sterling Ill DATE 8/3 38

19. FUNERAL DIRECTOR (ADDRESS) Harry Carroll Clarksville Mo

20. FILED 8/2 1938 J. C. Kelly Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Aug 1 1938
 I last saw him alive on July Aug 1 1938 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Endocarditis Date of onset _____

Other contributory causes of importance: Nephritis

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 _____, 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? W
 If so, specify _____

(Signed) J. C. Kelly M. D.
 (Address) Clarksville Mo

Cause of death should be stated EXACTLY. PHYSICIANS should state exactly supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

130

RECEIVED

District Health Officer No. 10

District File Number 10-38-75a

Date Filed 9-14-38

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Pike Registration District No. 689
 (b) Township Primary Registration District No. 3033 Registered No.
 (c) City Louisiana (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 Thomas Henry Edwards
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- | 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
| | <u>86</u> | <u>4</u> | <u>2</u> | |
- OCCUPATION
 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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
- FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
- MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19..
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug 2 1938
22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19..
 I last saw h. alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.
 The principal cause of death and related causes of importance were as follows:
myocardial Carditis
chronic
 Date of onset
 Other contributory causes of importance:
nephritis 131
chronic
- 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 .., 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? ..
 If so, specify J. E. Bannhead, M. D.
 (Signed) Clarksville Mo
 (Address)

SUPPLEMENT

REGISTRATION SHALL BE MADE IN THIS OFFICE UNLESS OTHERWISE SPECIFIED BY LAW. CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of cause of death is very important. Cause of death should be stated in plain language.

S-29744