DEC'D JAN 13 1939

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

Do not use this space.

42146

File No.

Registered No.

1. PLACE OF DEATH

County Atchison 2

Township

City Rock Port 1 (No. St. Ward)

Registration District No. 19

Primary Registration District No. 4013

3 2 0

2. FULL NAME 363 John Robert Edwards

(a) Residence, No. 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1938

7. AGE YEARS MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Rock Port, Mo

FATHER

13. NAME Archie Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagner Okla

MOTHER

15. MAIDEN NAME Marie Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland Ill.

17. INFORMANT (ADDRESS) Roy Edwards Rock Port, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grange Hall DATE 12-27 1938

19. UNDERTAKER (ADDRESS) Gratz Bartholomew Rock Port, Mo

20. FILED 12-27 1938 Mary G Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to Dec. 26, 1938

I last saw him alive on Dec. 26, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

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

Catarrhal Pneumonia

Date of onset

9

Other contributory causes of importance: Sixth week of Pertussis

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

(Signed) William R. Strickland, M. D.

(Address) Rockport, Mo.

16

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-10-22-36 1 X9314