

REC'D JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Moniteau 2*
Township *Remon*
City *363* (No. *1*)

Registration District No. *574*
Primary Registration District No. *577.2 A*

File No. *43831*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Amanda Lee Edwards*

(a) Residence, No. _____ St. _____ Ward _____
(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. (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 (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Schube Edwards*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 13 - 1865*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *73 4 10 15*

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Missouri 0*

MOTHER FATHER
13. NAME *James Maxwell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri 0*

15. MAIDEN NAME *Julia Hudson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown 9*

17. INFORMANT *Mrs Geo Cheatem*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *mt Zion Cem.* DATE *12-30-1938*

19. UNDERTAKER *C. Albert Hornbeck*
(ADDRESS) *Prarie Home*

20. FILED *Jan 5*, 1939 *Mrs Abbie Bival*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-29-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10*, 19*38* to *12-29*, 19*38*
I last saw *her* alive on *Oct 10*, 19*38* Death is said to have occurred on the date stated above, at *3 P*.m.

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

Carcinoma Left Breast Date of onset *Unknown*

Other contributory causes of importance: *50*

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 *A L Meredith*, M. D.
(Signed) *Prarie Home*
(Address) *506*

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.

