

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

04 JAN 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Madison  
Township Caston  
City Dexter R. 2 (No. 2)

Registration District No. 838 1209  
Primary Registration District No. 6098B

File No. 44665  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 - 1938 to Dec. 21 - 1938  
I last saw him alive on Dec. 13 - 1938 Death is said to have occurred on the date stated above, at 10 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1938

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

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

Doctors Nuttall  
16/13  
Other contributory causes of importance: ✓

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) Dexter Mo. R. 2

13. NAME Clarence Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O

15. MAIDEN NAME Effie Martin

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

17. INFORMANT Clarence Edwards (ADDRESS) Dexter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Chapples DATE 12/22 38

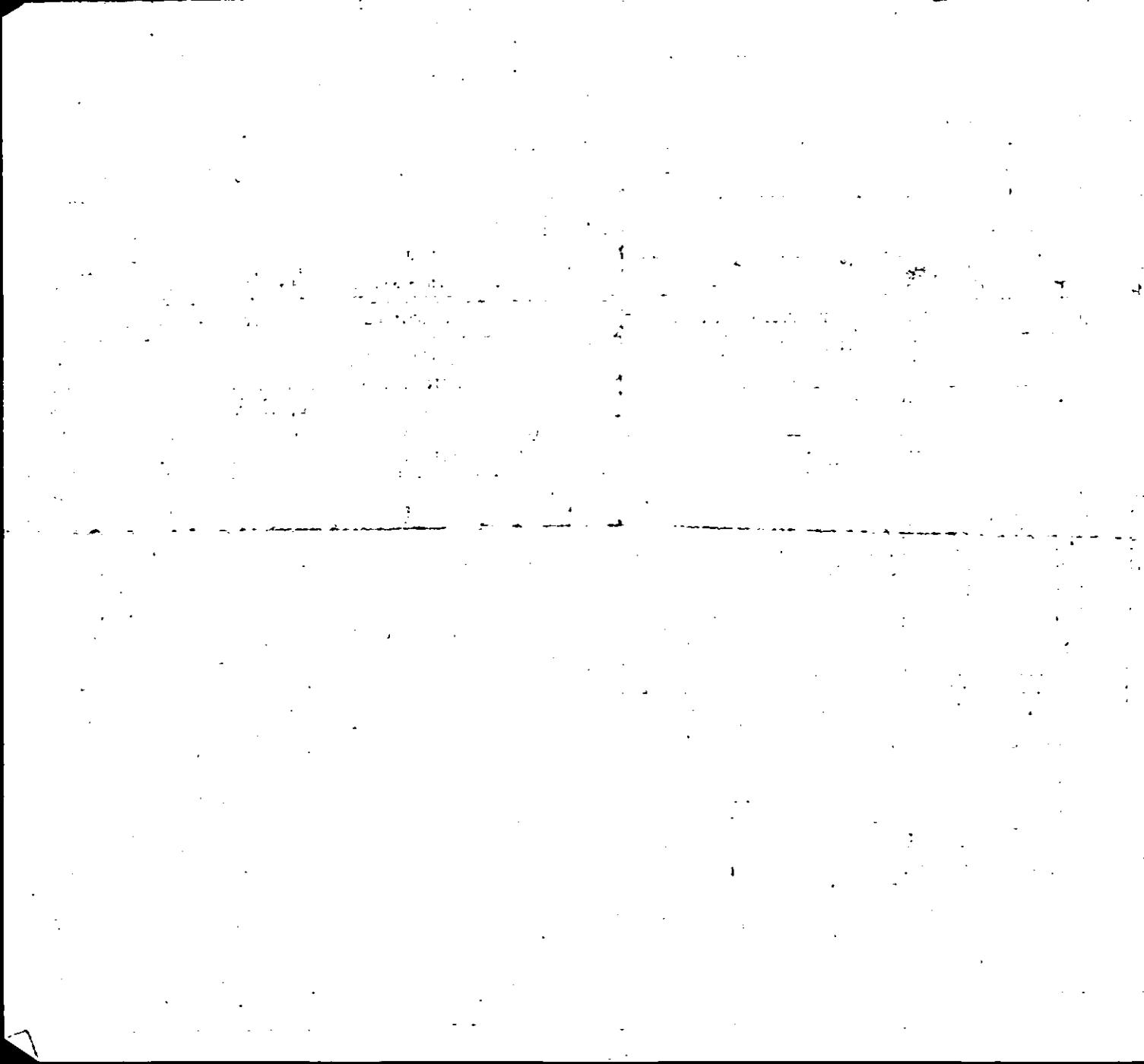
19. UNDERTAKER Home made Prof (ADDRESS) \_\_\_\_\_

20. FILED 11/17 1938 J. J. [unclear] Registrar.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) B. B. Klau, M. D.  
(Address) Dexter Mo.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

44665-  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837

(b) Township Caster Primary Registration District No. 6079

(c) City..... (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 Luther Lucky Edwards

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED mf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1938

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depter Mo

13. NAME Clarence Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depter Mo

15. MAIDEN NAME Effie Martin

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

17. INFORMANT (ADDRESS) Clarence Edwards Depter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seller Chappes DATE 12/22 1938

19. FUNERAL DIRECTOR Home made Box (ADDRESS)

20. FILED Feb. 21 1939 Loonie Lurch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1938 to Dec 21 1938

I last saw her alive on Dec 13 1938 Death is said to have occurred on the date stated above, at 10 P.M.

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

Petters neonatorum Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 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?

If so, specify S. J. Davis, M. D.

(Signed) S. J. Davis (Address) Depter Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPTER MO

