

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.

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

6628
Do not use this space.

REC'D MAR 15 1939

1. PLACE OF BIRTH

(a) County HENRY Registration District No. 349
 (b) Township Febb Primary Registration District No. 4207
 (c) City Calhoun (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

Michael Edwards
 (a) Residence, No. Calhoun-Henry-Co. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Minick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1887
 7. AGE YEARS 82 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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 51
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Brighttown N.Y.
 FATHER 13. NAME Patrick Edwards
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Clare-Irld
 MOTHER 15. MAIDEN NAME ELLEN Dowling
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Clare-Irld
 17. INFORMANT J. W. Edwards (ADDRESS) Calhoun Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Feb 2 1939
 19. FUNERAL DIRECTOR J. A. Hickey (ADDRESS) Calhoun Mo
 20. FILED 2-7 1939 Mrs. A. A. Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to Jan 31, 1939
 I last saw him alive on July 10, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Old Age
General Debility
Apoplexy
 Other contributory causes of importance: _____
 Name of operation _____ 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 1939
 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) J. A. Pellard M. D.
 (Address) Calhoun Mo

SEP 23 1946

RECEIVED

District Health Officer No. 76

District File Number 7-31-329

Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I, J. A. Housey, Licensed Embalmer No. 3582

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. A. Housey
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.)