

JUL 18 1939

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

22854
Do not use this space.

1. PLACE OF DEATH *2*
(a) County *Oregon* Registration District No. *1148*
(b) Township *Moore* Primary Registration District No. *5845* *file no 5*
(c) City _____ (d) Street No. _____ Registered No. _____
(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 *359 Pearl C. 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 <i>Fe</i> | 4. COLOR OR RACE <i>wh</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jack P. Edwards</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sep - 8 - 1877</i> | | | | |
| 7. AGE | YEARS <i>61</i> | MONTHS <i>9</i> | DAYS <i>20</i> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i> | | | |
| | 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) <i>Thomasville Mo</i> | | | | |
| FATHER | 13. NAME <i>P. A. Thomas</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Thomasville Mo</i> | | | |
| MOTHER | 15. MAIDEN NAME <i>Emma Willard</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i> | | | |
| 17. INFORMANT (ADDRESS) <i>J. P. Edwards Thomasville</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Woodsbury Cem</i> DATE <i>6/30 1939</i> | | | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Res Care Thomasville</i> | | | | |
| 20. FILED <i>7, 7</i> 19 <i>39</i> <i>Miss A. O. Roberts</i> Local Registrar. | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>June 28 1939</i> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <i>3-27-1939</i> to <i>6-28-1939</i> | |
| I last saw him alive on <i>6-9-1939</i> . Death is said to have occurred on the date stated above, at <i>6:45</i> a.m. | |
| The principal cause of death and related causes of importance were as follows: <i>Carcinoma of Stomach</i> | |
| Date of onset <i>1939</i> | |
| Other contributory causes of importance: <i>Hb</i> | |
| Name of operation _____ Date of _____ | |
| What test confirmed diagnosis? <i>X-ray</i> Was there an autopsy? <i>no</i> | |
| 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? <i>no</i> | |
| If so, specify _____ (Signed) <i>E. C. Bohrer</i> , M. D. <i>West Plains, Mo</i> | |
| 51 (Address) _____ | |

B. Luv.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.