

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

Do not use this space.

3313

**FILED FEE 7 1940**

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Township 0 Primary Registration District No. 3032  
 City Adair, Mo. (No. Badmell) St. Mo. Ward Ward

2. FULL NAME Edwin Herschel Trace  
 (a) Residence, No. Hinders, Mo. St. Mo. Ward Ward  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/12/27</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>10</u>	DAYS <u>24</u>
		If LESS than 1 day, hrs. or min.
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) <u>Lincoln, Mo.</u>		
13. NAME <u>Lay Trace</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merced Co., Mo.</u>		
15. MAIDEN NAME <u>Ma Marble Means</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Koldie Taylor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clear Creek</u> DATE <u>Feb 8</u> 19 <u>40</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Calvert</u>		
20. FILED <u>Jan 6</u> 19 <u>40</u> <u>Mrs Harry Sneed</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1940, to Jan 5 1940  
 last saw him alive on Jan 5 1940. Death is said to have occurred on the date stated above, at 10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid fever Date of onset

Other contributory causes of importance: 1

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 M. D.  
 (Signed) M. P. [Signature] M. D.  
 (Address) [Signature]

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/17/40