

DUG 29 1940

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

26071
Do not use this space.

1. PLACE OF DEATH 2

(a) County Randolph Registration District No. 735

(b) Township 0 Primary Registration District No. 3034

(c) City Moberly, Mo. (d) Street 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 363 Thomas Hale Edwards

(a) Residence, No. Salisbury, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lennie Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 4 - 1872

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

68	4	6	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator MGR

9. Industry or business in which work was done, as saw mill, bank, etc. (GAIN)

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1940, to July 10, 1940

I last saw him alive on July 10, 1940. Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Suicide by revolver, shooting self through upper left abdomen

Date of onset July 4, 1940

Other contributory causes of importance: Inoperable carcinoma roof of mouth

Name of operation: None Date of None

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? suicide Date of injury July 4, 1940

Where did injury occur? Salisbury, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Shot self with revolver

Nature of injury through upper left abdomen

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R.D. Stretton, M. D.

(Address) 725 Moberly, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg, Mo

FATHER

13. NAME Nivion Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zirkorn

MOTHER

15. MAIDEN NAME Lucy Skinner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zirkorn

17. INFORMANT (ADDRESS) Lennie Edwards Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beal Williams Salisbury, Mo.

20. FILED July 11, 1940 Beal Williams Local Registrar.

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.

OCT 1 1941

OCT 11 1941

RECEIVED

District Health Officer No: 10

District File Number 8-40-1572

Date Filed AUG 8 1940

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 me

Frank D. Quinkelmejer, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank D. Quinkelmejer

Licensed Embalmer No.

39811

P. O. Address

Shilbury, Mo

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.