

FILED AUG 1 1946

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

Do not use this space.

24389 61

1. PLACE OF DEATH

County Monticau
Township Lepton
City (No. _____) _____

Registration District No. 225
Primary Registration District No. 4335

File No. _____
Registered No. 9
St. _____ Ward 0

2. FULL NAME

Shubael D. Edwards

(a) Residence, No. _____ St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1946

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife dead Amanda Edwards

22. I HEREBY CERTIFY that I attended deceased from May 15, 1946 to July 23, 1946
I last saw him alive on July 23, 1946 Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-22-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 1 1

hypostatic pneumonia
Date of onset 7/21/46

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 _____

Other contributory causes of importance: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 5/17/46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

MOTHER 13. NAME Daniel W. Edwards

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

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. 6?

MOTHER 15. MAIDEN NAME Donald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

17. INFORMANT (ADDRESS) A.C. Edwards
Tipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Zion Cem DATE 7-25-46

19. UNDERTAKER (ADDRESS) C. Albert Hornbeek
Prairie Home, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. F. Potts, M. D.
(Address) Tipton, Mo.

20. FILED July 24, 1946 Mrs. Maud Hudson
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Or Defers
4th Ohio

RECEIVED
District Health Officer No.
District File Number
Date Filed 7-29-46

10-1-88-3

1-9-46

1-9-46

Registration District No. 225

Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County Monteair
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Shubal O. Edwards

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 22
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ (Less than one day) _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) N.C.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute 23 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 14/46

(c) Where did injury occur? Tipton Monteair home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury Fall

23. Signature A. J. Potts (M. D. or other) _____
Address Tipton, Mo. 646 Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—

MOTHER-FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

24389