

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

35881

1. PLACE OF DEATH

County Madison Registration District No. 350 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. 87  
City Clinton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel T. 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

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

Male White widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75

8. OCCUPATION OF DECEASED Farmer

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Samuel T. Edwards

9. BIRTHPLACE (CITY OR TOWN) Madison Co  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lewis B. Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Antonie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Ewert Johnson  
(Address) Clinton Mo

15. FILED 12/27/1914 B. B. Burr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26<sup>th</sup> 1919

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1919, to Dec 26<sup>th</sup> 1919, that I last saw him alive on Dec 25 1919, and that death occurred, on the date stated above, at \_\_\_\_\_ 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
980 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Senile changes (SECONDARY) (duration) \_\_\_\_\_ yrs. 7 mos. \_\_\_\_\_ ds.

WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Robt. D. Haire, M. D.

, 19 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

Harriet Olivett Dyer 1918

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Miss Wilkerson Clinton

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.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH  
County Franklin File No. ....  
Township Clinton Registered No. ....  
City Clinton St. 1st Ward

2. FULL NAME Edward J. 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. .... mo. .... ds. How long in U.S., if of foreign birth? yrs. .... mo. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 18 1871

7. AGE YEARS MONTHS DAYS  
IF LESS than 1 day 4 hrs. 45 min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Insurance  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

10. NAME OF FATHER Edward J. Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

12. MAIDEN NAME OF MOTHER Josephine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

14. INFORMANT (Address) Edward J. Edwards

15. FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ..... 19.....

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mo. .... ds.

18. WHERE WAS DISEASE CONTRACTED ..... (duration) ..... yrs. .... mo. .... ds.  
IF NOT AT PLACE OF DEATH..... DATE OF.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
HERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed)....., M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL ..... 19.....

20. UNDERTAKER ADDRESS James Wilkerson Clinton