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

Do not use this space.

15952

JUN 2 1932

1. PLACE OF DEATH Route 8 Clinton
   County Henry
   Township Springfield
   City _____ (No. _____, _____ St. _____ Ward)

   Registration District No. 349
   Primary Registration District No. 35-60

   File No. _____
   Registered No. 11

2. FULL NAME Oliver Mutton 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1856

7. AGE YEARS 76 MONTHS 9 DAYS 20 If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Macoupin Co Ill
13. NAME Israel Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin Co Ill
15. MAIDEN NAME May Ann Lurkey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Myrtle King
18. BURIAL, CREMATION, OR REMOVAL
    PLACE Calhoun DATE May 20 1932
19. UNDERTAKER (ADDRESS) G A Row or Windsor mo
20. FILED May 23 1932 Mrs. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from
    _____, 19___, to _____, 19___.
    I last saw h___ alive on _____, 19___. Death is said to have occurred on the date stated above, at 6-30 pm.
    The principal cause of death and related causes of importance were as follows:

    Date of onset

    unknown found dead in road 950

    Other contributory causes of importance:
    History of having some form of heart disease

    (5)

    Name of operation _____ Date of _____
    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? _____ 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 _____
    (Signed) G S Walker, (Coroner), M. D.
    (Address) Clinton Mo