

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36308

1. PLACE OF DEATH  
 42 County Clayton Registration District No. 347  
 4 Township Clayton Mo Primary Registration District No. 3018  
 7 City Clayton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs Sarah Edwards  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Edwards  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1923  
 7. AGE YEARS 73 MONTHS 6 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 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) Marshall Clark Co Mo

FATHER  
 13. NAME Andrew Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
 15. MAIDEN NAME Jane Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Woods  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11/10 1933

19. UNDERTAKER Spore Loh  
 (ADDRESS)

20. FILED 11/11 1933 Ed. C. Peeler  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 11-5 1933, to 11-10 1933  
 I last saw her alive on 11-9 1933 Death is said to have occurred on the date stated above, at 6 a.m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Myocarditis  
93  
93 P  
 Date of onset \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. Swalker, M. D.  
 (Address) Clayton Mo

