

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 348
Township Osage Primary Registration District No. 5486
City (No. St. Ward)

File No. 35836
Registered No. 248

2. FULL NAME

Benjamin Barber Edwards
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 70 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Lily Jane Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13, 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Henry Co. Missouri</u>		
MOTHER FATHER	13. NAME <u>Benjamin B. Edwards</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co. Kentucky</u>	
	15. MAIDEN NAME <u>Miserva A. Hunter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Berry Edwards</u> <u>Brownington, Mo. P.R.#</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion cemetery</u> DATE <u>Oct. 19, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Richett</u> <u>Brownington, Missouri</u>		
20. FILED <u>Oct. 18, 1934</u> <u>C. D. Taylor, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934, to Oct. 17, 1934
I last saw him alive on Oct. 16, 1934 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Ureter
51
Other contributory causes of importance: 51

Name of operation X-Ray Date of No.
What test confirmed diagnosis? X-Ray 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) _____ M. D.
(Address) Brownington Mo

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.

