

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

Do not use this space.

39066

1. PLACE OF DEATH

County Dekalb Registration District No. 259
 Township Dallas Primary Registration District No. 5367
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME George William 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 15

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) Dekalb Co. (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Eldon Edwards

14. BIRTHPLACE (CITY OR TOWN) Cameron (STATE OR COUNTRY) Mo.

15. MAIDEN NAME May Stanton

16. BIRTHPLACE (CITY OR TOWN) Amity (STATE OR COUNTRY) Mo.

17. INFORMANT Eldon Edwards (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL - PLACE Schuchman Cem. DATE 12/17th 32

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville

20. FILED Dec 16, 1932 J. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Dec 18, 1932
 I last saw him alive on Dec 15 - 1932 Death is said to have occurred on the date stated above, at 10:57 p. m. Dec 18 - 1932
 The principal cause of death and related causes of importance were as follows:

a few days before
157C / now him
157C
 Other contributory causes of importance _____

Had a weak heart from birth
Failure of closure of Torus Aorta

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sit. 12/18/32 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? (X)
 If so, specify no
 (Signed) J. M. Brown, M. D.
 (Address) Maysville Mo.

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.

JAN 23 1933

