

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

Do not use this space.

37370

1. PLACE OF DEATH

County Oregon
Township Thayer
City Thayer (No. St. Ward)

Registration District No. 632
Primary Registration District No. 4382

File No.
Registered No. 29

2. FULL NAME

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

Walter Lee Edwards

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-2-1927</u>		
7. AGE	YEARS	MONTHS
<u>6</u>	<u>1</u>	<u>18</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</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>Thayer - Mo.</u>		
13. NAME <u>Clarence L. Edwards</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome Iowa</u>		
15. MAIDEN NAME <u>Lois Stetson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thayer Mo.</u>		
17. INFORMANT (ADDRESS) <u>Clarence Edwards Thayer Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thayer Mo.</u> DATE <u>Nov-21 33</u>		
19. UNDERTAKER (ADDRESS) <u>Geo Carr Thayer Mo.</u>		
20. FILED <u>Nov-26 1933</u> <u>George Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-20 33
22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1933 to Nov 20 1933
I last saw him alive on Nov 20 1933 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Diphtheria
10
10
Date of onset Nov 17

Other contributory causes of importance:

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?
If so, specify
(Signed) FA Edwards, M. D.
(Address) Thayer 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.

JAN 4 1934

