

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.

MAR 24 1934

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

Do not use this space.

PLACE OF DEATH

County Barry Registration District No. 35
Township Plattsmouth Ridge Primary Registration District No. 6043
City Plattsmouth (No.) St. Ward

File No. 7729
Registered No.

2. FULL NAME Jules D. 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 <u>male</u>	4. COLOR OR RACE <u>white</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>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u> </u>
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>Barry ed mo</u>
13. NAME	<u>Lester C Edwards</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Verona mo</u>
15. MAIDEN NAME	<u>Helma May Hanson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Lawrence co m</u>
17. INFORMANT (ADDRESS)	<u>Lester C Edwards</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Collins</u>
DATE	<u>3/2 1934</u>
19. UNDERTAKER (ADDRESS)	<u>none</u>
20. FILED	<u>3/10 1934 ms J. D. Pennel Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934, to March 1, 1934
I last saw him alive on Feb 27, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

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

1. Difficult labor
1600
1600
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? no
If so, specify
(Signed) Jules D. Edwards, M. D.
(Address)

