

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.

107 MAR 24 1934

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

Do not use this space.

File No. 11680
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Texas
Township _____
City _____ (No. _____)

Registration District No. 1032
Primary Registration District No. 6142

2. FULL NAME

Joseph 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 <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 <u>Bessie Means</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 26 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>10</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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 _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-3-34 to 3-3-34, 1934
I last saw him alive on 3-3-34, 1934 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:
Fractured neck caused by automobile accident, head about 1 hr after the accident

Date of onset _____

Other contributory causes of importance:
None

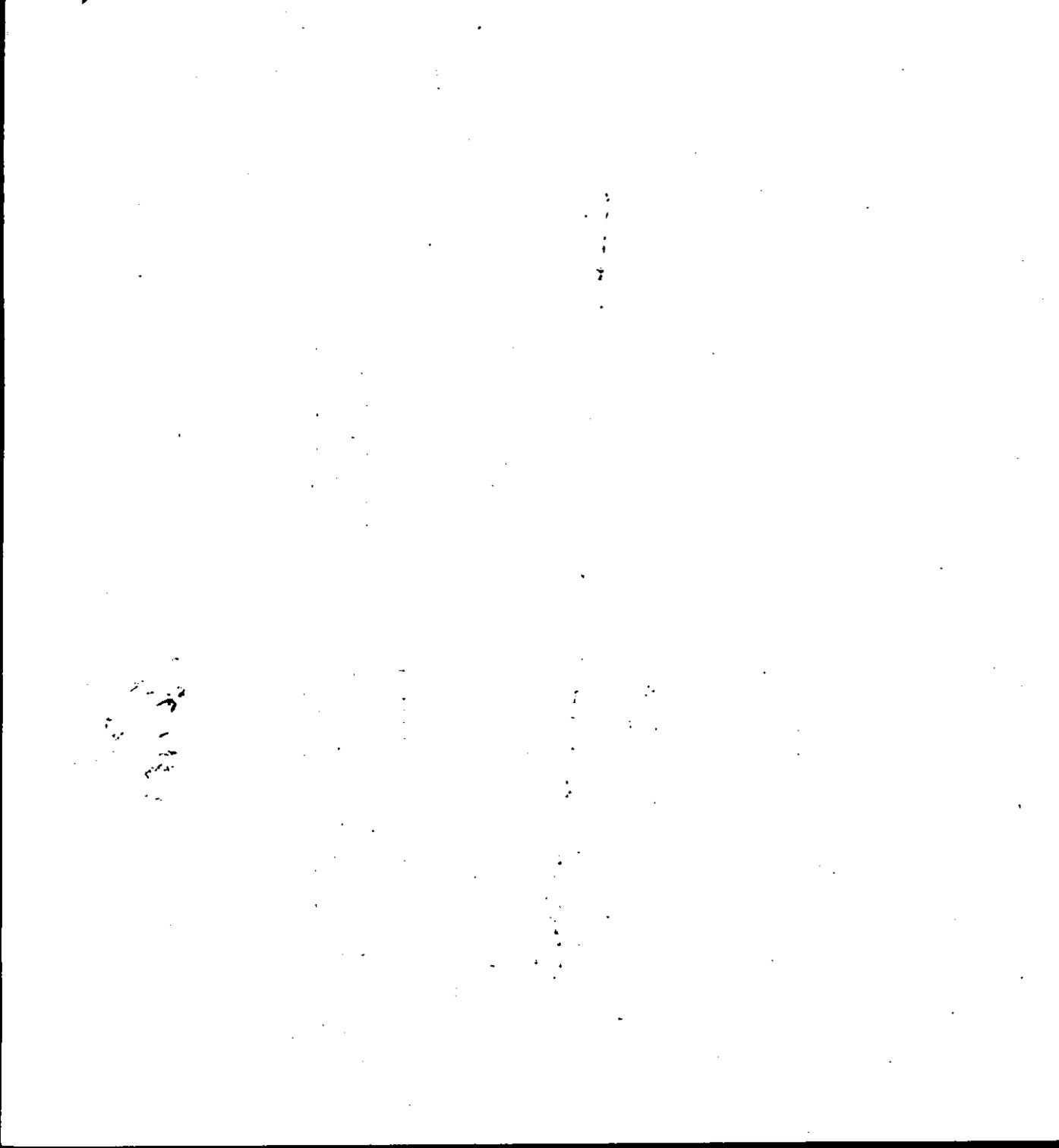
Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-3-34, 1934
Where did injury occur? One 1/2 mi. N. 10 miles north of Willow Springs, town, County, and State)
Specify whether injury occurred in factory, in home, or in public place.
on public highway

Manner of injury fractured neck in auto
Nature of injury fractured neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. C. Davis, M. D.
(Address) Willow Springs, Mo

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas County, Missouri</u>
	13. NAME <u>Willis Edwards</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont, Texas</u>
	15. MAIDEN NAME <u>Belle Stephens</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas County, Missouri</u>
	17. INFORMANT <u>Earl Royce Bowers</u> (ADDRESS) <u>Willow Springs, Mo Star Route</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE _____ DATE _____ 19 <u>34</u>
	19. UNDERTAKER <u>R. Burns</u> (ADDRESS) <u>Willow Springs, Mo</u>
20. FILED <u>March 5, 1934</u> <u>Paul A. Evans</u> Registrar.	



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas
Township Quince
City Jeff Edwards (No. _____)

Registration District No. 1032
Primary Registration District No. 6144

File No. 11680
Registered No. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ at _____ m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

fractured neck caused by auto accident. No he was not a pedestrian. He was the occupant of the car. Date of onset _____

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 _____

Other contributory causes of importance: He was riding in the car when it ran in the ditch causing it to be overturned.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 3, 1934
Where did injury occur? Texas County, Mo. (Specify city or town, county, and State)

MOTHER FATHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Specify whether injury occurred in industry, in home, or in public place. On the public highway

17. INFORMANT (ADDRESS) _____

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) _____, M. D.
(Address) _____

20. FILED July 9, 1934 Paul R. Evans Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

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