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.

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

JAN 18 1935

Do not use this space.

43637

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No.
Township Hudson — Primary Registration District No. 5713 — Registered No. 130
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Walter Oslo Edwards
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1934
7. AGE: YEARS — MONTHS: 9 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Macon Mo

FATHER
13. NAME: Roy Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co Mo

MOTHER
15. MAIDEN NAME: Charlotte Stuck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co Mo

17. INFORMANT (ADDRESS): Roy Edwards Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Salem DATE 12/29 1934

19. UNDERTAKER (ADDRESS): Albert Shumm Macon Mo

20. FILED Jan 10 1935 Lane Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Dec. 27, 1934
I last saw him alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 7.05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11-15-34
119B	
107B	

119B

Other contributory causes of importance:
Intestinal infection
(Catarrhal Enteritis)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Anna L. Mauck, D.O.
(Address) Macon Mo.