

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.

D.A.W.

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

Do not use this space.

AUG 24 1936

27376

1. PLACE OF DEATH

County *Mississippi* Registration District No. *567*
Township _____ Primary Registration District No. *3-1143*
City *East Prairie, Mo.* (No. *42334*) St. _____ Ward _____

File No. _____
Registered No. *68*

2. FULL NAME *Jessie Myrtle Edgeman*

(a) Residence, No. *Mississippi, Co.* 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. *1* mos. *7* ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W.* 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) *June 2 - 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 7

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) *Mississippi Co. Mo.*

13. NAME *Monroe Edgeman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Moore Co. Tenn.*

15. MAIDEN NAME *Jena Moore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi Co. Mo.*

17. INFORMANT *Monroe Edgeman*
(ADDRESS) *East Prairie, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *July 8* 19*36*

19. UNDERTAKER *Travis M. Shelly*
(ADDRESS) *East Prairie, Mo.*

20. FILED *July 9, 1936* Registrar *D.M. Hodges*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 7 1936* to *July 7 1936*. I last saw *her* alive on *July 7 1936*. Death is said to have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance were as follows:
113 Diarrhea and enteritis Date of onset: _____

Other contributory causes of importance: *119 B*

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 *George W. Whitaker* M. D.
(Signed) *East Prairie, Mo.*
(Address) _____

