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.

SEP 21 1936

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

Do not use this space.

30168

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Primary Registration District No. 3009
City Cape Girardeau (No. , Southeast Mo. Hosp. St. Ward)

File No.
Registered No. 293

2. FULL NAME Baby Boy Edmonds
(a) Residence, No. 215 S. Spanish 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1936
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 10½ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Cape Girardeau Missouri

FATHER
13. NAME Mr. Arvin Edmonds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo, Missouri

MOTHER
15. MAIDEN NAME Miss Rene Greenley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo, Missouri

17. INFORMANT (ADDRESS) Mr. Arvin Edmonds (father) Cape Girardeau, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Commerce Mo. DATE 8-16, 1936
19. UNDERTAKER (ADDRESS) Father
20. FILED 8-16, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on August 16, 1936 Death is said to have occurred on the date stated above, at 6 45 p.m.
The principal cause of death and related causes of importance were as follows:

Premature — Date of onset
6½ mo

Other contributory causes of importance:
none 157

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) A. H. Tuden M. D.
(Address) 118 Independence St. Cape Girardeau Mo.