

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

Do not use this space.

JAN 29 1937

44250

1. PLACE OF DEATH

County Davess

Registration District No. 252

File No. 44250

Township Jamesport

Primary Registration District No. 452

Registered No. _____

City Jamesport (No. _____)

St. _____ Ward _____

2. FULL NAME Thomas Jefferson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>2</u>	<u>22</u>	

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. Retired farmer
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) Iowa

13. NAME Thomas Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Sarah Hatfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Sarah Langford
Warren Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport DATE 12-27-1936

19. UNDERTAKER (ADDRESS) P. R. Robinson
Jamesport Mo

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Dec 26, 1936

I last saw him alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Carcinoma of Prostate Gland
Rapid Exhaustion

Date of onset _____

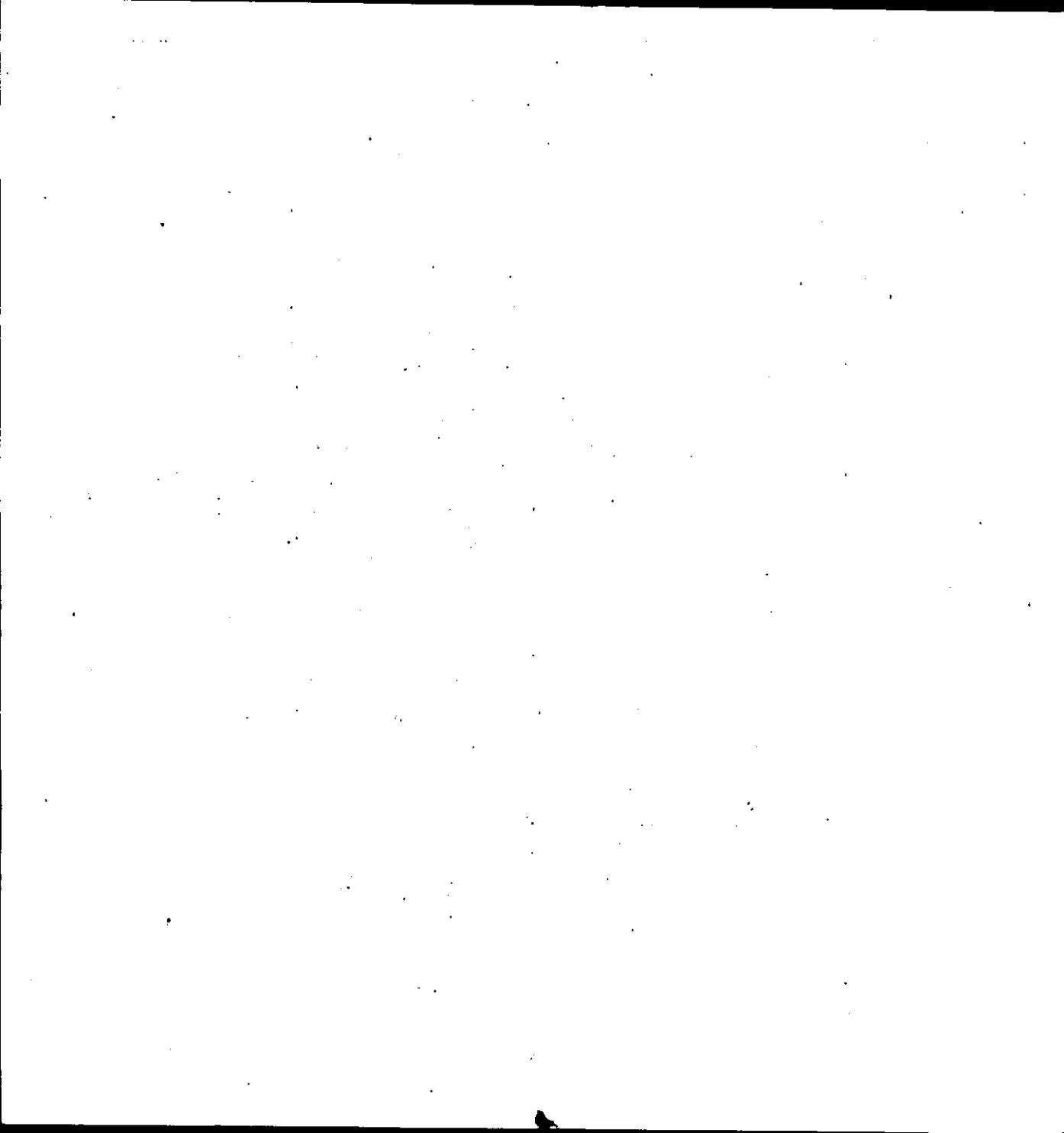
Other contributory causes of importance: Rapid Exhaustion

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) P. R. Robinson M. D.
(Address) Jamesport, Mo



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

Do not use this space.

1. PLACE OF DEATH

County Davess

Registration District No. 252

File No. _____

Township _____

Primary Registration District No. 4152

Registered No. _____

City Jamesport (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Jefferson 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Island
 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) Ohio

FATHER 13. NAME Thomas Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Sarah Langford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carmel Mo

17. INFORMANT (ADDRESS) Sarah Langford Carmel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport DATE 12-27 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 27 1936 Kellen Wiley Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1936, to Dec 26 1936. I last saw him alive on Dec 26 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate Date of onset _____

Other contributory causes of importance:
Rapid exhaustion

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

23. If death was due to external cause (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) R. V. Thompson M. D.
 (Address) Jamesport Mo

S-44250