

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

*Dr. Webb*  
Do not use this space.

**JUN 2 1 1937**

File No. **20028**  
Registered No. **0400**

1. PLACE OF DEATH  
 County *Greene* Registration District No. *318*  
 Township *Springfield Mo.* Primary Registration District No. *2001*  
 City *Springfield Mo.* *910 S. Pickwick* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Lillie Edwards*  
 (a) Residence, No. *910 S. Pickwick* St. \_\_\_\_\_ Ward *1*  
 (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 *Female*  
 4. COLOR OR RACE *white*  
 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) *Nov 21-1881*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>55</i>	<i>5</i>	<i>20</i>		

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. *at home*

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) *Sebanon Missouri*

13. NAME *Lucas Edwards*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Sarah Freye*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Miss Clara Edwards*  
(ADDRESS) *Springfield Mo*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Hazelwood* DATE *May 11 1937*

19. UNDERTAKER *Alma Hammer*  
(ADDRESS) *Springfield Missouri*

20. FILED *May 14 1937* *Charles George*  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 11 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 23 1936* to *May 10 1937*.  
 I last saw her alive on *May 10 1937*. Death is said to have occurred on the date stated above, at *5:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Carcinoma of head of Pancreas - primary*  
 Date of onset *10-1-36*

Other contributory causes of importance:  
*None - Ho*

Name of operation *Exploratory* Date of *4-14-37*  
 What test confirmed diagnosis? *Aspiration* 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? *NO*  
 If so, specify \_\_\_\_\_  
 (Signed) *Estlin B. Webb*, M. D.  
 (Address) *Springfield, Mo.*

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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