

REC'D APR 25 1938

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

11615

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581  
 (b) Township 1 Primary Registration District No. 4343 Registered No. 6  
 (c) City Monroe City (d) Street No. 326 Second St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Walter Edwards  
 (a) Residence, No. 326 - Second St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) March 21<sup>st</sup> 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as 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) Monroe City, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Eugene M. Edward  
 14. BIRTHPLACE (CITY OR TOWN) Ralls Co (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Laura Virginia Rohr  
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Wesley Jay Edwards (ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Judes Cemetery DATE March 7 1939  
Monroe City Mo

19. FUNERAL DIRECTOR (NAME) Wilson T. Son (ADDRESS) Monroe City, Mo.

20. FILED 3/6 - 1939 W.D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 5<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to MAR 5, 1939

I last saw h. im alive on March 5, 1939. 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:

Lobar Pneumonia

Date of onset 2-23 1939

Other contributory causes of importance: 105

Name of operation Physical Findings  
 What test confirmed diagnosis? Physical Findings 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) John H. Pitts M. D.

(Address) Monroe City 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-655

Date Filed APR 19 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.