

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

29954
 Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH
 (a) County Pike Registration District No. 689
 (b) Township 3033 Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana, Mo. (d) Street No. Pike County Hospital 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., M. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Booker Edwards
 (a) Residence Rd 2 Louisiana, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sabriella Melissa Edwards</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17, 1865</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>26</u>	11. Total time (years) spent in this occupation <u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo</u>			
	13. NAME <u>James William Booker Edwards</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Lucinda Barbara Peay</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo.</u>			
17. INFORMANT <u>John Wesley Edwards</u> (ADDRESS) <u>St Louis Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>BETHANY Cem. Louisiana</u> DATE <u>9/14</u> 19 <u>39</u> PLACE <u>1209 Ark</u>				
19. FUNERAL DIRECTOR (NAME) <u>W F Suda</u> (ADDRESS) <u>Louisiana Mo.</u>				
20. FILED <u>8/13</u> 19 <u>39</u> <u>W Edwards</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1939

22. HEREBY CERTIFY, That I attended deceased from June 1939 to Aug 12, 1939
 I last saw him alive on Aug 12, 1939 at 8 P.M. Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic disease of prostate
 Date of onset _____

Other contributory causes of importance: 51
none

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W Edwards M.D.
 (Address) 600 Louisiana 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 9-39-1538

Date Filed SEP 6 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,

Harold Turner

....., or by

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

Signed Harold Turner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.