FILED JAN 20 1942

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

063

Do not use this space.

42462

1. PLACE OF DEATH

County Marion — Registration District No. 5-42 — File No.

Township Jackson — Primary Registration District No. 5-731 — Registered No. 62

City Near Vienna (No. 62 St. Ward)

2. FULL NAME Betty Jane Edson

(a) Residence, No. Rural Jackson St. Vienna Ward. Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. 2 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): D

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1941

7. AGE — YEARS: — MONTHS: 2 — DAYS: ✓ — If LESS than 1 day, ✓ hrs. or ✓ min.

OCCUPATION

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. ✓

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) Marion Co. Mo.

FATHER

13. NAME James Edson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co, Mo.

MOTHER

15. MAIDEN NAME Myrtle Eads

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo. Vienna, Mo.

17. INFORMANT (ADDRESS) Alfred Eads Vienna, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wallick Cemetery DATE 12-14-41, 19

19. UNDERTAKER (ADDRESS) Fred N Gilliam Palmyra Mo.

20. FILED Dec 23, 1941 Mrs. Louie Eads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1941, to ✓, 19✓

I last saw h.s.r. alive on Dec 13, 1941 Death is said to have occurred on the date stated above, at 9 A.m.

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

	Date of onset
Lobular Pneumonia —	12/13/41
Marasmus	✓
Prematurity at birth	✓

Other contributory causes of importance:

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Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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) Wesley Glass D.O.

(Address) Bethel Township 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD