

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry Registration District No. 37  
Township Washburn Primary Registration District No. 5053  
City (No. St. Ward)

File No. 35150  
Registered No.

**2. FULL NAME**

John C. Edens  
(a) Residence, No. R. F. D. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harriet Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) Hancock County  
(STATE OR COUNTRY) Tenn.

13. NAME Pitts Edens

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

15. MAIDEN NAME Rogers

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

17. INFORMANT O. H. Edens  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE King DATE Oct. 13, 1934

19. UNDERTAKER W. D. Koon  
(ADDRESS) Cassville, Mo.

20. FILED 10/13/34 Juill Roller  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1934 to Oct. 12, 1934  
I last saw him alive on Oct. 12, 1934. Death is said to have occurred on the date stated above, at 7:30 a. m. M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Chronic Interstitial Nephritis.  
131  
Other contributory causes of importance

Name of operation Date of  
What test confirmed diagnosis Symptoms 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?  
If so, specify  
(Signed) Dr. Chas. T. Brown  
(Address) Seigman 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.

THIS IS A PERMANENT RECORD

