

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

Do not use this space.

REC'D MAY 16 1938

1. PLACE OF DEATH

County Dunklin
Township Buffalo
City Cardwell

Registration District No. 4167
Primary Registration District No. 283-

File No. 14526
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>James Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 1863</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) (STATE OR COUNTRY) <u> Corydon Indiana</u>		
MOTHER FATHER	13. NAME <u>Samuel S Long</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Mary J Purcell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>A. G. Long</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cardwell</u> DATE <u>3/26</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Howard Und Co</u> <u>Cardwell</u>		
20. FILED <u>5-10</u> 19 <u>38</u> <u>Collinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to 3-25 1938. I first saw h. c. alive on 3-25 1938. Death is said to have occurred on the date stated above, at 2:30 p. m. The principal cause of death and related causes of importance were as follows:
Adenocarcinoma of Thyroid
Date of onset 4 years

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was 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? No
If so, specify _____
(Signed) Wallace English, M. D.
(Address) Cardwell, 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.

