

REG. JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Moniteau 2*  
Township *Linn*  
City (No. *1*)

Registration District No. *574*  
Primary Registration District No. *577.2 A*

File No. *48831*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*363 Amanda Lee Edwards*

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Schube Edwards</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 13 - 1865</i>		
7. AGE YEARS <i>73</i>	MONTHS <i>4</i>	DAYS <i>10</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Missouri 0*

MOTHER FATHER 13. NAME  
*James Maxwell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Missouri 0*

15. MAIDEN NAME  
*Julia Hudson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*unknown 9*

17. INFORMANT (ADDRESS)  
*Mrs Geo Cheatern*

18. BURIAL, CREMATION, OR REMOVAL  
PLACEMENT *mt Zion Cem.* DATE *12-30-1938*

19. UNDERTAKER (ADDRESS)  
*C. Albert Hornbeck - Prairie Home Mo*

20. FILED *Jan 5*, 1939 *Mrs Abbie Oical* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-29-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10*, 19*38* to *12-29*, 19*38*  
I last saw her alive on *Oct 10*, 19*38* Death is said to have occurred on the date stated above, at *3 P* m.

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

*Carcinoma Left Breast* Date of onset *12-29-1938*

Other contributory causes of importance: *50*

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?  
If so, specify \_\_\_\_\_  
(Signed) *A L Meredith* M. D.  
*Prairie Home Mo* (Address) *506*

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.

