

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

Do not use this space.

32510

1. PLACE OF DEATH

County Sullivan
Township Folk
City Milan (No.)

Registration District No. 852
Primary Registration District No. 6124

File No.
Registered No. 78
St. Ward)

2. FULL NAME

Samuel Eddy

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 22, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

26 1 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work On Farm
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan County, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Eddy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co. Iowa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ada Shatto

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co. Missouri
(STATE OR COUNTRY)

14. INFORMANT Ada Eddy
(Address) Milan Mo

15. FILED 10-30-28 Bertin McClary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 11, 1928, to Sept 25, 1928 that I last saw deceased alive on Sept 125, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid
123 R

CONTRIBUTORY (SECONDARY) Intestinal hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. S. Montgomery, M. D.
Sept 26, 1928 (Address) Milan Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shatto Cem. Near Milan DATE OF BURIAL Sept 27 1928

20. UNDERTAKER C. A. Schoen ADDRESS Milan, 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.

1928

