

NOV 26 1930

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

36973

## 1. PLACE OF DEATH

County PerryRegistration District No. 659Township Campbell HomePrimary Registration District No. 5876

City (No. )

File No. 62Registered No. 62

St. Ward

## 2. FULL NAME

(a) Residence No. William Henry Eddleman 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

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 193017. I HEREBY CERTIFY, That I attended deceased from Oct. 24th, 1930, to Nov. 1, 1930that I last saw him alive on Oct. 29, 1930, and that death occurred, on the date stated above, at 6:15 a. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis followed by Uremia(duration) yrs. 10 mos. ds.

## CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. B. Bowman M. D., 19 (Address) Old Appleton 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 DATE OF BURIAL

Harts Cemetery Nov. 2 1930

## 20. UNDERTAKER ADDRESS

Zoellner & Young of Ferrisville Mo

## 3. SEX

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widowed

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

Margaret Eddleman6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 9: 1851

## 7. AGE

## YEARS

## MONTHS

## DAYS

If LESS than 1 day, hrs. or min.

79821

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 10. NAME OF FATHER

William Eddleman

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 12. MAIDEN NAME OF MOTHER

Rudisail

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 14. INFORMANT

(Address)

John Eddleman Bickel Mo

## 15. FILED

Nov. 2, 1930

Martin Moockel

REGISTRAR

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

