

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

Do not use this space.

16726

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. _____) St. _____ Ward _____

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 58

2. FULL NAME

(a) Residence. No. High School 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. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1931

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

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to April 3, 1931, that I last saw him alive on April 3, 1931, (and that death occurred, on the date stated above, at 1:35 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1890

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 11 4

Pulmonary and Intestinal Tuberculosis
23 A (duration) _____ yrs. _____ mos. _____ ds.
25 (duration) _____ yrs. _____ mos. _____ ds.

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 _____

CONTRIBUTORY (SECONDARY) 23 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Keystonville (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED Keystonville Mo
IF NOT AT PLACE OF DEATH, _____ DATE OF _____

10. NAME OF FATHER Lee Eddins

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brunswick (STATE OR COUNTRY) Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salisbury Mo. DATE OF BURIAL Apr 4 1931

12. MAIDEN NAME OF MOTHER Laura Andrew (Address) Marshall

20. UNDERTAKER W. M. Campbell ADDRESS Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keystonville (STATE OR COUNTRY) Mo

14. INFORMANT Hospital Records (Address) Marshall

15. FILED 4-10, 1931 Mrs. John H. McQuire REGISTRAR

n. 2. Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 27 1931

PARENTS

*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.

