

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 20 1933

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

Do not use this space.

15630

1. PLACE OF DEATH
 4 County... *Andrew* Registration District No. *912*
 5 Township... *Vandalia* Primary Registration District No. *4550*
 City... *Vandalia* (No. St. Ward) ...
 2. FULL NAME *James E. Eddleman*
 (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 *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Don't know*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 10 1850*
 7. AGE YEARS *82* MONTHS *10* DAYS *14* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Turner*
 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) *Mo Ky*
 13. NAME *Abraham Eddleman*
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Ky*
 15. MAIDEN NAME *Jo Ann Brown*
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *h "*

17. INFORMANT (ADDRESS) *Wm J. Stovall, Vandalia, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Vandalia* DATE *May 24, 1933*
 19. UNDERTAKER (ADDRESS) *W. J. Waters, Vandalia, Mo*
 20. FILED *5/26* 1933 *Mollie Fugate* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24, 1933*
 22. I HEREBY CERTIFY, That I attended deceased from *May 23, 1933*, to *May 24, 1933*
 I last saw him alive on *May 23, 1933*. Death is said to have occurred on the date stated above, at *Both*.
 The principal cause of death and related causes of importance were as follows:
Paresis
83
83
 Other contributory causes of importance:
 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 *H. H. Burch* (Signed) M. D.
 (Address) *Vandalia, Mo*

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